COPPERSTATE OB/GYN ASSOCIATES LTD.
Women's Health Specialists

5550 E. Hampton St.
Tucson, AZ 85712
Phone: 520-721-8605
Fax: 520-721-4209
copperstateobgyn.com

PATIENT EASY PAY CONSENT FORM[1]

I authorize Copperstate OB/GYN Associates, LTD. to maintain my credit card or check on file for the balance of charges not paid (by insurance) as agreed below.

If I do not make a payment by check by the 15th of the month, I authorize Copperstate OB/GYN Associates LTD. to deduct:

NOT TO EXCEED $_____ monthly,

For Service Dates _____/_____/_____ to _____/_____/_____

Until the balance is paid off in full.

I assign my insurance benefits to the provider listed above. I understand that this form is valid for one year unless I cancel the authorization through written notice to the health care provider (once the outstanding balance is paid in full).

I also understand that if I change charge cards, I will supply the provider above with the new credit card authorization.

_____ _____
Cardholder Signature Date

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip Code:_____

Credit Card Number: _____-_____-_____Exp Date: _____

V Code:_____

[1]Pre-EOB