

Budget Payment Plan Authorization

Patient must be set up in the patient portal before budget payment plan can be started.

By completing the information below you authorize Cardiology Consultants, P.C. to charge the credit/debit card listed.

Name on card

Cardholder same as patient: Y N Cardholder Zip Code

Patient Name

Patient Date of Birth

Patient Account Number Dr. H M A L S C P

Credit Card Type Visa MC Discover AMEX

Card Number

Credit Card Expiration Date CVV code

Email Address

Select from the payment options below:

- Pay full amount now: \$
- *Schedule budget payment plan:
- Payment Amount \$

NOTE
A monthly statement will

not be mailed.

Patient to initial above that they will
not receive a monthly statement

*Minimum Payment Allowed is no less than \$10.00 and is based on the total amount due.

Date to start payment: Repeats: Once a month on the _____
day of the month

Amount due as of today \$

Cardholders signature: _____ Date: _____

Please submit this completed and signed form directly to Cardiology Consultants for processing.

Cardiology Consultants Authorized signature: _____ Date: _____