

Advanced Medical Imaging Consultants
The Imaging Center
2008 Caribou Dr.
Fort Collins, CO 80525
Billing Office: (970) 484-4758
Toll Free: (888)484-4755



Recurring Credit Card Payment Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until the account balance has been paid in full.

How Recurring Payments Work:

You authorize regularly scheduled charges to your visa, master card or discover credit card. Each billing period, you will be charged the amount indicated below. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. If new charges are incurred, please make sure to call our billing office to include the new charges to the recurring payment plan. You agree that no prior-notification of the payment will be provided unless the date or amount changes.

Authorization Agreement

I, _____ authorize Advanced Medical Imaging Consultants to charge my credit
(Name as it Appears on Credit Card)

credit card ☐ Visa, ☐ Master Card, ☐ Discover ending in _____ for the amount due
(first 4 and last 4 numbers of the card)

on the scheduled deduction date for payment of my current charges indicated below.

Payment of \$_____ will be deducted on the _____ day of each month. Total Balance to be paid, at this time,
with recurring payment plan is \$_____.

Account # _____

Patient's Name _____

Billing Address _____

Phone # _____

City, State, Zip _____

Email _____

Signature _____

Date _____

I understand that this authorization will remain in effect until the balance has been paid in full or I call the billing office to cancel the recurring payments. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that if the card is declined for any reason, the recurring payments will be dropped and it will be my responsibility to contact the billing office or to pay my balance with via another method.

Please Sign and Mail to:

**Advanced Medical Imaging Consultants
2008 Caribou Dr. Fort Collins, CO 80525
OR Fax To: 1 970-484-4759**