



the
**Summit
Center**

3033 W. Jefferson St.
Suite 107
Joliet, IL 60435
Telephone: 815-773-0772
Fax: 815-773-0771

1801 North Mill Street
Suite J
Naperville, IL 60563
Telephone: 800-786-3033
Fax: 630-357-3093

Credit Card Authorization

For internal use only.

I, _____, authorize The Summit Center to keep my signature on file and to charge my credit card listed below for:

All patient balances (less than \$250) for services rendered once the claim has been processed by my insurance company. I understand that The Summit Center will contact me by telephone for all patient balances exceeding \$250 prior to charging my card.

Recurring charges for services rendered for the following family members:

Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____
Patient Name: _____ DOB: _____

Check One: Visa _____ Master Card _____ Discover _____

Billing Address: _____
City: _____ State: _____ Zip: _____

Credit Card Number: _____ Expiration Date: _____
CVV: _____ (3 numbers on the back of the card)

Cardholder Signature: _____ Date: _____
Cardholder preferred contact number: _____

I have the right to terminate this authorization at any time and agree to do so by contacting The Summit Center at (815)773-0772.