Avron Lipschitz MD

NATURAL RESULTS, ADVANCED TECHNIQUES, EXCEPTIONAL CARE

PATIENT CONSENT FOR USE OF CREDIT CARDS, DEBIT CARD, AND FINANCING
DISCLOSURE OF PROTECTED HEALTH INFORMATION

It may become necessary to release your protected health information to financial parties, credit card entities, banks, and financing companies, when requested, to facilitate your payment.

Services that are performed that are paid with a credit card, debit card, or financing third-party are not eligible for payment challenges after services are provided. By signing this form, I am irrevocably consenting to allow (Avron Lipschitz, M.D., Plastic Surgery, LLC) to use and disclose my protected health information to any Credit Card Entity, Bank, or Financing Company when they request such information to process an account and assist with payment.

I will not challenge such credit, debit, or financing card payments once the services are provided. The practice encourages complete post-op care and follow-up interaction to address any issues that might arise, which are further addressed in the Revision Policy.

I agree that this non credit card challenge agreement is irrevocable.

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Signature of Patient or Legal Guardian

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Print Patient's Name Date

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