

Credit Card on File 2026

M D Aesthetics and Dermatology Credit Card on File:

All patients of M D Aesthetics and Dermatology PLLC and its affiliates are required to keep an active valid credit card on file.

A debit card alone does not meet the requirement for our credit card on file policy and should one be provided, a valid credit card is also required as a non-negotiable requirement to initiate and continue ongoing care in our office.

All credit and debit cards are saved in encrypted in your HIPAA protected medical record and PCI compliant credit card merchant services.

You are also authorizing us to store your cards under encrypted, safety compliant, and protected systems.

When paying with a credit card, a 3.25% surcharge will be added to the total amount charged.

Should you wish to not incur this surcharge amount, we accept debit card and cash as a method of payment. This notice is publicly shared in our reception area.

You may outline a preference of order of which cards to use (ie. always use a debit card first, if declined, then proceed with credit card on file), and we will do our best to honor these wishes.

We are not liable for charges processed to different cards than previously communicated in writing from you. You provide written authorization to charge any of the cards on file for any charges related to our business operations.

We require written authorization of the cardholder name for any cards provided for payment. Please note that this is to protect card holders and businesses from fraud. Issuing a card under someone else's name without written authorization for payment is fraudulent.

Please note that your card will be charged for outstanding balances including but not limited to: debit card declined (HSA/FSA), payment denials of insurance claims for medical services, products, insurance copayments and coinsurance, insurance deductibles, cancellation, rescheduling, and appointment no show fees, and any other charges related to your involvement in our business as outlined in our financial operation policies.

A receipt will be emailed to the email on file upon processing any payments through our credit card merchant services.

You will only receive a bill in the event that any of your cards on file are declined and we are unable to reach you to obtain payment on the day of service.

We only send statements/invoices for services rendered and when credit or debit card on files are declined by our merchant services.

If you do not contact us to provide payment, your account balance is subject to be turned over to a collection agency, and you may incur a collections agency fee in addition to your patient balance.

Payments may be made electronically, or person via cash, debit or credit cards. We do not accept checks as a method of payment.

If you need to update your card information, please provide a new credit or debit card for use. We require physical or photographic copies of the cards to verify the card holder's name and obtain proper written authorization from all card holder's names. This information may be sent via encrypted email or provided in person.

If your card is denied for any reason, M D Aesthetics and Dermatology PLLC reserves the right to charge an additional \$100 declined credit card fee if you fail to provide updated credit card info within 7 days. If this occurs, we will contact you at the information provided and verified by you in our system.

We refuse the right to continue your care until all cards are valid, linked and encrypted into our systems, balances are paid in full, or receipt of authorized users of any cards presented for payment under a different name.

Please note that we do not provide payment plans. Failure to settle all your bills will result in dismissal from the practice.

You are responsible to contact us immediately, with any changes to your cards, contact information via

Phone: 312-579-0700

Email: info@mdaestheticsderm.com



Mail: 1021 W Adams St. LL1 Chicago IL 60607

By signing below, you acknowledge that you have received, understand, and will abide by this policy. If you refuse to sign this, you will be refusing care, will need to find care elsewhere and will be charged a same day cancellation fee.

Patient or Legal Guardian

DOB: