

AutoPay Enrollment Agreement



(copy for review only – please sign electronically on card signature pad)

I authorize Forest Dermatology to charge my card on file for any balance due following receipt of any applicable insurance payments in connection with healthcare services rendered by Central Connecticut Dermatology.

Following each service, Forest Dermatology will submit any relevant insurance claim on my behalf. Upon receiving notice of adjudication of such insurance claim, Forest Dermatology may charge my card on file for the amount of patient responsibility according to my insurance company. I understand that Forest Dermatology will not be required to provide any further notice to me before charging my card.

The maximum amount that Forest Dermatology will charge my card under this authorization is \$1,500.00. I understand that I will be responsible for any remaining amount due after Forest Dermatology charges my card, or if Forest Dermatology cannot charge my card for any reason.