FLORIDA EYE SPECIALISTS
& CATARACT INSTITUTE

GREGORY L. HENDERSON, MD, FACS, INC

Brandon - Lake Wales - Plant City - Riverview - Ruskin
South Tampa - St. Petersburg - Sun City Center
Phone: (813) 681-1122 | Fax: (813) 684-4924
FloridaEye.org

Credit Card on File Authorization Form

At Florida Eye Specialists and Cataract Institute, we require keeping your credit card on file as a convenient method of payment for the portion of services that your insurance company doesn't cover, but for which you are liable. (Please see credit card on file policy for full detail.) **Initials** _____

I, the undersigned, authorize Florida Eye Specialists and Cataract Institute to charge the portion of my bill that is my financial responsibility as per the insurance company EOB to my credit card. I understand that my credit card will be charged 30 days after statement date if other arrangements have not been made.

☐ Check here if you would like your card to be automatically charged for any balance on your account, without receiving a statement from our office.

☐ Check here to confirm that you have read our credit card on file policy.

Please complete below:

_____AMEX _____Visa _____Mastercard _____Discover

Last 4 digits credit card #_____ Expiration_____/_____ CCV_____

Patient Name_____ Cardholder Name_____

E-mail Address _____

Signature_____ Date_____

Brandon
403 Vonderburg Dr.
Brandon, FL 33511

Plant City
2002 South Alexander St.
Plant City, FL 33563

Riverview
13106 Vail Ridge Dr.
Riverview, FL 33579

Ruskin
612 N US Highway 41
Ruskin, FL 33570

South Tampa
3115 W Swann Ave
Tampa, FL 33609

St. Petersburg
5800 49th St N, Ste S-108
St. Petersburg, FL 33709

Sun City Center
1701 Rickenbacker Dr
Sun City Center, FL 33573

Lake Wales
749 State Road 60 E
Lake Wales, FL 33853