

M I D W E S T

# EAR, NOSE & THROAT

*"Discover a Healthy New You!"*

## **Credit Card Pre-Authorization Form**

I authorize Midwest Ear, Nose & Throat to keep my signature on file and to charge the credit card selected below for payment on my account until paid.

**Balance remaining after claim (s) is (are) resolved to be paid**

\$ \_\_\_\_\_.

**Recurring charges of \$ \_\_\_\_\_ to be charged**

**every month from the following dates:**

**from** \_\_\_\_\_ **to** \_\_\_\_\_.  
(month & day) (month & day)

**Charges for the following family members:**

\_\_\_\_\_  
(authorized family member & account number)

\_\_\_\_\_  
(authorized family member & account number)

\_\_\_\_\_  
(authorized family member & account number)

\_\_\_\_\_  
(authorized family member & account number)

**Check One:**     Visa®                       Mastercard®  
                     Discover Card®             American Express®

**Patient Name:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Cardholder Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Expiration Date :** \_\_\_\_\_ **Authorization Code:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Midwest ENT Rep.** \_\_\_\_\_

2315 W. 57th Street, Sioux Falls, SD 57108 ■ (605) 336-3503 ■ Fax (605) 336-6010 ■ 888-336-3503

www.midwestent.com

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### *A comprehensive approach to specialty care*

**AUDIOLOGY**

- Hearing evaluations
- Hearing devices

**SINUS & ALLERGY**

- Testing
- Therapy

**SLEEP**

- Sleep studies
- CPAP equipment

### *Outreaches in:*

SD - Brookings  
Dell Rapids  
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Gregory  
Madison

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MN - Pipestone  
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