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DIPLOMATE

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ORTHOPAEDIC SURGERY
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## **Credit Card Policy:**

Dr Delaney requires a valid credit card prior to services being rendered. Please provide us with valid Visa /MasterCard or debit card information to facilitate the settlement of any past due balances that may be your responsibility after we have settled with your health insurance carrier. **Sixty Days** after balances have been deemed patient responsibility, your credit card or account will be charged for the amount due. Your account will go through two (2) regular billing cycles prior to any credit card charged. You will be notified by phone and/or letter of any outstanding balances prior to charging your credit card on file, at which time you may use the payment option of your choice. (cash, check, MasterCard or Visa)

## **Credit Card Information:**

Credit Card Type:	□ VISA	☐ MASTERCARD	
Cardholder Name: Last	First	MI	
Card Number:			_
Expiration Date: Month	Year		
Billing Zip Code:			
Authorized Signature:		Date	
Witness:		Date	