

Medical Copays

All co-pays are due at the time of service. You may pay by credit card or debit card.

Please charge my medical payments to the following account (check one):

MasterCard

Visa

Card Number:

Expiration Date (mm/yy):

Security Code: (Your security code is the last three digits on the back of your card)

Your full name as it appears on your credit card:

Billing address for your credit card:

Street Address:

City, State:

Zip Code:

Phone Number Listed With Card Issuer:

I agree to allow Zabrin Inan MD SC to charge all copys, fees not covered by my insurance provider* and missed appointment fees** on the card listed above.

Signature: _____ Date: _____

*We will bill your credit card on file for fees not covered by the insurance company. We will use the insurance company information you have provided us in writing and bill your credit card on file within Ninety (90) days of their final claim determination.

**You may cancel an appointment by notifying our office by phone, fax or email by 12:00 noon on the business day (not the calendar day) before your appointment. If you fail to arrive to the appointment without canceling, we will assess a Fifty dollar (\$50.00) "no show" administrative fee.

Dr. Zabrin Inan, MD
233 East Erie St., Suite 600 | Chicago, IL 60611
312.952.3054 | 312.280.8854 Fax
office@zabrininanmd.com
www.zabrininanmd.com