

I.A. Tangoren M.D., P.L.L.C
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315-424-1430

Patients Name: _____ Patient DOB: _____

Credit Card Utilization Disclaimer

By choosing to use a credit card for payment I acknowledge the risks, and I have been advised that the balance will no longer be considered a medical debt. Also, that I am waiving my consumer-related protections in regard to medical balances.

- Unpaid medical bills cannot be reported to credit agencies
- Medical balances placed on a credit card are now subject to the interest and fees of the credit card

Patient Signature or Signature of Patient's Authorized Representative

Date: