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United Healthcare Credit Card Form

We will submit your claim electronically to United Healthcare

If there is a patient responsibility after the explanation of benefits (EOB) for your claim is received, we will charge this credit card and send a receipt to your email.

Patient Name: _____ DOB: _____

Credit Card Type () VISA () MASTERCARD () AMERICAN EXPRESS

Name on Credit Card: _____

Credit Card: Number _____

Expiration Date: _____

CCV Security Code (3 digits on back for MC/VISA, 4 digits on front for Amex) _____

Credit card zipcode _____

Email address for credit card receipt: _____

Thank you!