# Medical Payment Authorization Letter

Subject: Credit Card Authorization for Medical Services

Dear [Healthcare Provider/Medical Facility],

I authorize [Healthcare Provider Name] to charge my credit card for medical services provided to [Patient Name], who is my [relationship to patient].

Authorization Details:

Patient: [Full Name] DOB: [Date of Birth]

Services Period: [Start Date] to [End Date]

Maximum Authorization: $[Amount]

Approved charges include:

- Consultation fees and medical examinations
- Prescribed treatments and procedures
- Laboratory tests and diagnostic services
- Prescription medications from your facility pharmacy

Please charge my [Credit Card Type] ending in [last 4 digits] for all approved medical expenses. I request itemized billing statements be sent to my address on file.

This authorization does not cover experimental treatments or procedures exceeding the stated amount without my prior written consent.

Thank you for providing excellent healthcare services.

Respectfully,

[Your Signature]

[Your Printed Name]

[Date]

[Phone Number]

https://www.lettersandtemplates.com/letters/sample-authorization-letter-to-use-credit-card