Payment Agreement/Arrangement (rev 61109)

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www.aloha-dermatology.com www.vein-on-maui.com www.maui-acne-clinic.com

Date of service:/	Client account number
Client name:	Estimate of fee \$
I, the undersigned, understand that I am a self-paid client for services requested. As such I am obligated to pay for my services at the time they are rendered, and not billed. The services that will be rendered for today's visit or visit date ofwill be paid in the following manner:	
☐ Cash (USA Cash only) ☐ Traveler's check	☐ Money order
☐ Check # (Drawn from local Maui bank)	
☐ Debit card	
□ Credit Card- US. Based, not international (paid in US Dollars) May we use the same credit card to pay remaining balance due, with your authorization? □ Yes □ No □ Visa □ MasterCard □ American Express Number on card: □ Name on card: □ Billing address: □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Exp. Date:/ CVV C	Code (on back of card):
Signature of Client and credit card holder	Date
Thank You	

Aloha Dermatology & Laser Center P.O Box 668 Puunene HI 96784