Credit Card Billing Authorization

\_\_\_\_\_ (Practice Name) is offering a secure and convenient method of payment for the portion of services that your insurance doesn’t cover, but for which you are responsible. Your co-pay will be due and payable on the day of service, and we’ll keep the card you use for that payment on file. Your credit card information is kept confidential and secure, and payments to your card are processed only after the claim his been:

* filed with and processed by your insurance carrier and
* the insurance portion of the claim has been posted to your account or
* your claim was denied because coverage does not exist/apply

I, \_\_\_\_\_ (Name), authorize \_\_\_\_\_ (Practice Name) to capture my credit card information and securely store my credit card on file.

I agree \_\_\_\_\_ (Practice Name) may charge my credit card on file for the balance due when they receive a copy of the Explanation of Benefits. This authorization relates to all balances not covered by my insurance company for services provided by \_\_\_\_\_ (Practice Name). This could amount to balances related to copayment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility but is not limited to these scenarios.

Accounts with insurance claims not paid within 60 days of service will be considered due and payable in full.

I understand that this form is valid until I give a 30-day written notice to cancel the authorization to \_\_\_\_\_ (Practice Name).

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. My credit card information will be captured when it is scanned at checkout.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Signature Date