

Credit Card Agreement

We require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance deems patient responsibility.

It will be kept in a secure electronic format.

Charges to your card are processed after the claim has been filed and paid by your insurance, if there is a remaining balance on your account. A receipt will be emailed to you.

I, the patient/patient legal representative, understand and agree to abide by the financial policy set forth.

Patient or Patients Representative Signature

Patient or Patients Representative Printed Name

Date Signed