CREDIT CARD ON FILE POLICY

Keeping your credit or debit card on file is a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are responsible.

Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to your account. An itemized statement will be mailed to you specifying insurance payments and the patient responsibility amount charged to your card.

I authorize Gateway Family Health Clinic, Ltd. to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

☐Visa ☐MasterCard

Credit Card Number _____Expiration Date _____ / _____ / _____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ State_____ Zip _____

I, the undersigned, authorize and request Gateway Family Health Clinic, Ltd. to charge my credit/debit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me. I also authorize payments not covered by insurance for services provided to these family members of mine:

_____

I request that I am contacted prior to any charges in excess of ☐ $100 ☐ $200 ☐ $500 ☐ No limit

This authorization will remain in effect until I cancel this authorization in writing. To cancel, I must give a 30 day notification and my account must be in good standing.

Patient Name (Print): _____

Patient Signature: _____ Date: _____ / _____ / _____