



## Payment and Credit Card on File Policy

Associated Endocrinologists' general policy is that payment for services is required on the day of your appointment. However, we recognize that there are times when neither you nor we are aware of specific copays or coinsurance for which you are responsible. ***We do ask that you pay what you believe you will be responsible for at check-out.***

To help manage patient balances as well as make payment more convenient for you, Associated Endocrinologists requires each of our patients/legal guardians maintain a credit (or debit) card on file with our office.

This payment method will **only** be used in the event that your account has a remaining balance after your insurance has been billed and payments, if any, have been received.

Credit card information is maintained in a secure and confidential portal at Chase Bank. Rest assured that Associated Endocrinologists does NOT retain a copy of your credit card number. Payments using this card will only take place in the situation stated above.

This authorization remains in effect until cancelled by you. An expired credit card does not cancel this authorization. To cancel, I will give a 60-day notification to Associated Endocrinologists in writing and my account must not have an open balance.

Please provide the requested information below and sign acknowledging you have been given the information above.

\*\*\*\*\*

My signature below authorizes Associated Endocrinologists to charge the portion of my/my child's bill that is my financial responsibility to my credit, debit or HSA card:

Cardholder Name \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Email address: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

This authorization relates only to payments not covered by my insurance company for all services provided to me/my child by Associated Endocrinologists.

\*\*\*\*\*

Patient Name (print): \_\_\_\_\_ Patient Date of Birth \_\_\_\_\_

Patient (or responsible party) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*