

Aguirre Specialty Care

Credit Card Consent Policy

To Our Patients:

As you know if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is imprinted and later used to pay your bill. This is an advantage for both you and the hotel or rental company since it makes checkout easier, faster and more efficient.

We have implemented a similar policy. You will be asked for a credit card number at the time you check in and the information will be held securely until your insurances have paid their portion and notified us of the amount of your share. At that time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge will be mailed to you. This will be an advantage to you, since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly decrease our billing costs. The combination will benefit everybody in helping to keep the cost of health care down.

It is our requirement that this information be provided before being seen, so your cooperation in completing the form prior to arrival is appreciated. If you have questions or concerns after reviewing our policies please do not hesitate to call our business office to discuss ***prior to your appointment***. There is limited time on the day of your appointment to go over any concerns regarding our policies. Additionally, our business personnel may not be available at the time of your appointment. If you arrive 15 minutes late or if your forms aren't completed and signed, your appointment will have to be rescheduled.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. We will charge you only the portion of the insurer-determined payment apportioned to you, the patient. Co-pays are still due at the time of the visit. This policy may not apply if you are a cash-paying patient.

We ask that you adhere to our cancellation policy as your appointment time is dedicated solely to you. Our appointment slots are at a premium and we truly value the time we are able to spend with you.

Aguirre Specialty Care

Aguirre Specialty Care

Credit Card Consent

I, _____, authorize Aguirre Specialty Care to charge my credit card for the balance of charges **not paid by my insurance company**. This authorization is valid through the expiration date on the card. I understand that a receipt will be mailed to me.

Cardholder Signature: _____ Date: _____

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Type of card: [VISA, MASTERCARD, DISCOVER OR AMERICAN EXPRESS)

Credit Card Number: _____

Expiration Date: _____

Card Code: (LAST 3 DIGITS ON BACK IN SIGNATURE LINE) _____