

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 sent 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 healthcare down.

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.

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 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 later or if your forms are not completed and signed, your appointment will be rescheduled.

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

Aguirre Specialty Care

Account # _____

Aguirre Specialty Care

Credit Card Consent

I, _____, authorize Aguirre Specialty Care (ASC) to charge my credit card for the balance of charges **not paid by my insurance company**.

Patient Name: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ Date: _____

Type of card: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____

Expiration Date: _____ Security Code _____

Is this an HSA account? Yes _____ No _____

I understand that Aguirre Specialty Care (ASC) will verify that my card is valid by putting a temporary authorization for \$0 on my account. Unfortunately, pre-paid gift cards cannot be accepted.

I understand that ASC will mail one statement after my insurance company processes my claim. I will be given 20 days in which to contact ASC if I have a concern with my account or to submit a form of payment other than the credit card above. Payments received after the credit card on file is charged will be returned to me.

I, _____, authorize Aguirre Specialty Care to charge my credit card for the balance of charges **not paid by my insurance company**. I understand that a receipt will be sent to me after my credit card is charged. I understand that if a charge is declined on my credit card, I will be mailed a courtesy statement that is due immediately. I further understand that a delinquent balance on my account will result in termination from the practice as well as my account being turned over to collections, which will incur additional costs in collection fees. I agree that this authorization is valid through the expiration date on the card.

Signature

Date