



Credit Card on File Policy

In recent years there have been significant changes to insurance policies which now include high deductibles, copays, and coinsurance. These changes now place a portion of the financial responsibility for your health care on you as a patient. As such, it is necessary that Comprehensive ENT require a credit or debit card for each patient be stored securely on file with our credit card processor, Instamed. There will be no credit card information stored in our office or on our electronic medical software.

The card will be used for future payment for some of the following reasons:

1. Your insurance company may not reimburse us for medical services or (optional) may only make a partial payment because of the following:
 - Deductible has not been met for the current calendar year
 - Coinsurance may be applied to the charges
 - Service may be deemed as a non-covered benefit under your plan policy
 - Policy has terminated or there is a gap in coverage
 - A copayment for medical services rendered is due
2. You have set up a payment plan for larger balances on the account
3. You have an outstanding balance due on your account

Once the Explanation of Benefits has been received from your insurance company clarifying your financial responsibility for the medical services rendered, you will receive a statement by mail to the address associated with your account each month for two months. If the balance due is not paid in full within 60 days or you have not contacted the office to arrange a payment plan, the credit card on file will be charged the amount due on your account. A courtesy call to the phone numbers on file will be attempted prior to charging the card. It is your responsibility to notify the office of any change in address and/or phone number. You will receive a receipt in the mail or email if provided of any charges made to the card.

Authorization

By signing below, I authorize Comprehensive ENT, PC to keep a credit card on file for future payments and to charge all balances accrued on the account to the card information saved with Instamed. I further understand that if a payment is denied by the credit card on file, the balance due must be paid in full before future appointments at Comprehensive ENT, PC may be made. The account may be sent to an outside collections company if the account becomes more than 90 days past due. I understand that I am responsible for notifying Comprehensive ENT, PC of any changes in my contact information that may affect the payment process.

(Please print full name)

(email address)

(Signature of card holder)

Date

(Name of patient if different from card holder)