



Credit card policy for: _____ DOB: _____

As you are aware, healthcare has undergone dramatic changes in the past few years. High-deductible health plans are now a mainstay in the healthcare landscape. This means that more responsibility of payment is being placed on the patients. We need to be sure that patient balances are paid in a timely manner. If you have ever stayed in a hotel or rented a car, you are familiar with the concept of having a credit card on file. Your credit card information is stored in a secure, encrypted manner and only accessed and charged if there is an outstanding balance due. As of January 01, 2025, Comprehensive ENT has adopted a Credit Card on File Policy.

At the time of registration, we will request your credit card information. Your credit card numbers will be encrypted and stored securely on our system. No credit card numbers will be stored at our practice. Once we receive your Explanation of Benefits (EOB) (what the insurance company will pay towards your visit), we will wait 30 days to allow you time to pay the balance on your account. If your balance is not paid, your credit card will be charged for the outstanding balance that is your responsibility. Co-pays must be paid at the time of your visit. If you have any questions about this payment method, please do not hesitate to call our office at 804-228-4480.

How does having a credit card on file benefit me?

With a credit card on file, you will be able to:

- Pay balances and co-pays conveniently
- Make payments automatically using your credit card of choice
- Avoid writing checks to pay bills by mail
- Receive notifications and receipts sent via email

Please note that all of your rights with respect to the use of your credit card will remain in effect. This new policy will in no way prevent you from being able to dispute a charge or question your insurance company's determination of payment.

Your credit card on file can be used for the following reasons:

- Office visit payments not collected from you on the day of the visit
- No show / late cancellation charges
- Outstanding balance greater than 31 days past due
- Insurance discrepancies

I authorize Comprehensive ENT to charge the credit card that I have given per the terms of this policy. This authorization shall remain in effect until Comprehensive ENT has received written notification from me of its termination.

Patient Name

Date