Allergy and Asthma Center
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Mclean, VA 22101
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CREDIT CARD ON FILE POLICY

At the Allergy and Asthma Center, we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Without this authorization, a billing fee of $100 will be added to your account for any balances that we must attempt to collect through mailing monthly statement. This billing fee can be applied to your deductibles/outstanding balances. Furthermore, an "outstanding balance" charge of 1.5 percent of the total bill will charge for each month that the bill remains unpaid.

Your credit card information is kept confidential and secure, and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance portion of the claim has paid and posted to the account.

I authorize [Practice Name] to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

☐ Amex ☐ Visa ☐ Mastercard ☐ Discover

Credit Card Number _____

Expiration Date _____ **/** _____ **/** _____

Cardholder Name _____

Signature _____

Billing Address _____

City _____ **State**_____ **Zip** _____

I (we), the undersigned, authorize and request [practice name] to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility.
This authorization relates to all payments not covered by my insurance company for services provided to me by [practice name].
This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60-day notification to [practice name] in writing, and the account must be in good standing.

Patient Name (Print): _____
Patient Signature: _____

Date: _____ / _____ / _____