

CREDIT CARD ON FILE BILLING AUTHORIZATION FORM

CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.] is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are liable; as well as, if you do not show up for your scheduled appointment you will be charged a "No Show Fee" of \$30.00. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed to and processed by your insurance carrier, and the insurance portion of the claim has posted to your account, or in the event that valid insurance information was not provided at the time of service.

I, _____, authorize **CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.]** to capture my credit card information and securely store my credit card on file.

I authorize **CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.]** to charge my credit card on file for any balance owing on the below indicated account up to \$_____
(minimum accepted is \$150) per month.

INITIAL

I agree **CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.]** may charge my credit card on file for the balance due when they receive a copy of the EOB. This authorization relates to all balances not covered by my insurance company for services provided by **CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.]**. This could be amounts resulting from balances related to co-payment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility but is not limited to these scenarios.

INITIAL

I understand that this form is valid until I give a 30-day written notice to cancel the authorization to **CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.]**. Written notice must be submitted to **CCC OSTEOPATHY [SPENCER JEAN, DO(MP) OSTEOPATHIC MANIPULATIVE MEDICINE, INC.]**, 116-11811 Tecumseh Rd E., Windsor, ON N8N 4M7.

INITIAL

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

INITIAL

Patient Name: _____
Card Holder's Name (as shown on card): _____
Card Number: _____ ☐ Visa ☐ Mastercard ☐ Other: _____
Exp. Date (mm/yy): ____ / ____ CVV: ____
Email Address: _____

Card Holder Signature

Date

CREDIT CARD ON FILE BILLING AUTHORIZATION FAQ

Q: How does the automatic billing process work?

A: Your credit card will be captured today and stored securely. After your insurance carrier responds and provides us your remaining balance due we may charge the patient responsibility to your credit card on file, not to exceed the maximum balance due indicated in the agreement. Your credit card on file will only be charged when you have a balance owing on your account or for a non-covered service.

Q: How will I know how much you are going to charge me?

A: You will receive an explanation of benefit from your insurance carrier that explains exactly, according to your health insurance coverage and benefits, how much of your healthcare bill is your responsibility and how much the insurance paid along with any contractual adjustments. In the case of a “No Show” the fee is \$30.00.

Q: What if I need to dispute my bill?

A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount that we are instructed by your insurance carrier to collect from you in the same way that we normally determine how much to send you a statement for in the mail or let you know on your next appointment. If you disagree with how your insurance carrier processed the claim you will need to contact their customer service department directly. If you need to dispute a “No Show Fee” please contact our office.

Q: Will I receive a statement or receipt for the charges automatically billed to my card?

A: Not automatically. Your insurance carrier EOB and your credit card statement will be your receipt. You can at any time contact us to have an account itemization emailed to you. Any services provided which you are not covered under any insurance may be used for tax purposes which you will need a copy of your receipts and/or account history which we will provide upon request.

Q: What is a deductible?

A: An annual deductible is the dollar amount you must pay out of your own pocketing during your plan year for medical expenses before your insurance begins to pay. For example, if the policy has a \$1,000 deductible, you must pay the first \$1,000 of medical expenses before your insurance will begin to pay. Your insurance company must receive a claim to process in order to apply balances towards your deductible. Even if you have a high deductible plan we encourage you to have us submit the claim to your insurance so you receive a contractual adjustment and the services can be applied towards your deductible.

Q: What is the “No Show Fee”?

A: The “No Show Fee” of \$30.00 is applicable when a patient does not attend a scheduled appointment and does not call prior to their appointment to cancel or reschedule. If the patient calls to reschedule or cancel prior to their appointment time – the “No Show Fee” is not applicable.

Q: Will I be charged the “No Show Fee” if I am unable to make the appointment but due to an emergency, I was unable to call to cancel or reschedule?

A: If you are unable to make your appointment due to an emergency and are unable to call to cancel or reschedule your appointment, you will be initially charged the “No Show Fee”. After speaking with the patient, if we determine that an emergency kept you from informing us – you will be credited the amount charged to your account. This is likely in the case of a medical emergency or death in the family.