Lintecum & Nickell PC

Authorization Agreement For Preauthorized Payments Policy

We require our patients to sign an Authorization Agreement for Preauthorized Payments by credit card or debit card.

To clarify and help you understand this policy, we offer this clarification:

- Following your medical visit and the filing of your insurance and subsequent payment from your insurance you will receive a statement from our office for any remaining balances deemed patient responsibility.

- It will show the date of services, description of services, exam charges, etc.

- It will also show what your insurance paid and what we adjusted (if we are contracted with your insurance).

- Upon receiving your statement, please contact our office immediately and inform us as to how you would like to pay your balance or remit payment. If payment is not received within 30 days of the date on the statement then the balance will be charged to the payment type on file.

- Example: “Please use my card on file” or “Do not use my card I will write a check” or “I need to set up a payment plan.

- <u>If you do not call, we will charge your payment type for the balance in accordance with your signed agreement.</u>

<u>YOUR SIGNED AUTHORIZATION</u>

<u>IS REQUIRED PRIOR TO</u>

<u>SEEING THE PHYSICIAN</u>

Lintecum & Nickell PC

Authorization Agreement
For Preauthorized Payments

This authorization is for the patient responsibility portion of your bill. For contracted insurance this will be the amount remaining after insurance payment and adjustment.

Patient Name _____ **Pt number** _____
(Please print) **(office use only)**

Card Holder name _____
(if different from Patient)

Type of Account (Please circle)

AMEX DISCOVER MASTERCARD VISA SIGNED CHECK

Credit Card# _____

Expiration date _____ **Security Code** _____

- I authorize Lintecum & Nickell PC to keep my signature on file, and to charge the credit card identified above for the balance of charges not paid by my insurance.
- I assign my insurance benefits to Lintecum & Nickell PC.
- I understand I should receive an Explanation of Benefits from my insurance company within 45 days of filing the claim showing the patient balance.
- I understand that when I receive my statement from Lintecum & Nickell PC showing my balance due, I must contact the office immediately to use a different form of payment, personal check, or payment plan and not use this authorization form. If payment is not received within 30 days of the date of the statement then the balance will be charged to the payment type on file.

Patient Signature _____ Date _____

Cardholder's signature _____ Date _____
(if different from patient)