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CREDIT CARD ON FILE POLICY

We can SECURELY keep 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. This authorization is intended as a courtesy to save you time, as well as saving us the time and expense of preparing and sending statements for services you have already received from Riverside Family Health. Authorizing a card on file also helps you avoid any postage or collection fees that may be incurred with unpaid balances.

Your credit card information is kept confidential and secure, and payments to your card are processed only after your claim has been filed and processed by your insurer. Please choose one option below:

		I decline to sign up for this convenient service, and I understand that I may be subject to additional finance charges for amounts owed by me, in accordance with the Office and Payment Policies of Riverside Family Health, PL.							
-OR-		I authorize and request Riverside Family Health, PL to charge my credit card, indicated below, fo balances due for services rendered that my insurance company identifies as my financial responsibility.							
Amex			Discov	er	☐ Mastercard		☐ Visa		
Credit Card	d Nui	mber							
Expiration Date/ CVV Cardholder Phone									
Cardholde	r Nar	ne							
Cardholde	r Sig	nature							
Billing Add	Iress								
Max Charge:			☐ No Limit	\$50/	(Month	\$100/Mor	nth 🔲 💲	5	
			to all payments no	ot covered by	my insura	ance company	for services pro	ovided b	oy Dr.
			ain in effect until t must be in good		cancel, I r	nust give writte	en notice to Riv	erside F	amily
Patient Name (Print)							DOB:	/	
Patient Sig	ınatu	e				Effe	ective Date	/	

"Caring for Your Whole Family"