



Credit Card Authorization

As you know, if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is imprinted and held securely and then later used to pay your bill.

I have implemented a similar financial policy. You will be asked for credit card information each time you check in and the information will be held securely. Your credit card will not be charged for a service covered under your active medical insurance policy, with the exception of co-pays, deductibles, and non-covered services.

If your insurance carrier(s), after processing your claims, determines that you are responsible for any portion of the charge, you incur a \$50.00 balance on your account due to a returned check or missed appointment, your credit card will then be charged. We will notify you by mail sending you a confirmation of the charge along with a statement explaining the reason for your remaining balance.

This policy will be an advantage to you, since you no longer have to write out and mail us a check. It will be an advantage to us as well, as it will greatly decrease the number of statements that we generate and send out. The combination will benefit everyone in helping to keep the cost of health care down. This policy will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment.

If you have a co-pay or deductible as part of your insurance policy, that amount will still need to be paid by you at the time of your visit provided this information is available to the practice at the time that you check in.

If you have questions about this payment policy, please let us know.

In the case where you do not have a credit card we can also process electronic checks the same way as above.

I authorize my Physician/Staff at McConkey Eye Care LLC to charge my account balance using the card number (or checking account information) I have provided for the Credit/Debit Card / ACH payment transaction.

Patient Signature: _____

Date: _____

Printed Name: _____

DOB: _____