CREDIT CARD ON FILE POLICY

CLEARINSIGHT
PSYCHIATRY, INC.

At ClearInsight Psychiatry, Inc., we require keeping your credit or debit card on file as a convenient method of payment for any portion of services that your insurance doesn't cover, but for which you are held liable. Without this authorization, a billing fee of $5.00 will be posted to your account for any balances we must attempt to collect via mailing statements.

How it Works:
Your credit card information is kept confidential and secure with Elavon's Converge, a strictly HIPAA-compliant software. Payments to your card are processed only after the claim has been filed by your insurer, and their portion of the bill has been paid and posted to the account.

If your copayment or deductible for the service is over $175.00 after billing insurance, we will notify you before we charge the amount to your credit card. If your financial responsibility returns under $175.00, your card on file will automatically be charged without notification.

Credit Card Authorization:
I authorize ClearInsight Psychiatry, Inc. to charge the portion of my bill that is my financial responsibility, and any outstanding balances not covered by my insurance company for services rendered at ClearInsight Psychiatry, to the following credit or debit card.

CREDIT CARD DETAILS
Cardholder Name: _____
Type: ❑ VISA ❑ MasterCard
Card Number: _____
Expiration Date: _____/_____ Security Code: _____

Upon signing below, I acknowledge this authorization will remain in effect until I withdraw my authorization. To withdraw, I must give 90 days prior notice to ClearInsight Psychiatry, Inc. in writing, and the account must be in good standing.

Cardholder Signature:_____ **Date:**_____

Printed Name:_____