

- CREDIT CARD POLICY -
REQUIRED FOR MEDICAL CARE - RECOMMENDED FOR VISION

AFTER YOUR INSURANCE PROCESSES:

● \$25.00 OR LESS BALANCE

- Balances of \$25.00 or less, CC on file will automatically be billed.

● OVER \$25.00

- Statement sent and payment will be due within 14-days (ex. cash, check, online, etc).
- Payments not received after 14-days, card on field will be charged full amount.

● OTHER:

- 6% late fee assessed after 14 days and monthly.
- Collections after 90 days. Patient assumes all collection fees.
- If a refund is owed, it will be placed on your card within 3-days.

CREDIT CARD TYPE: VISA MasterCard Discover Care Credit

CC Number: XXXX-XXXX-XXXX-

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EXP. DATE: ____/____

PLEASE HAND YOUR CARD UP-FRONT AFTER COMPLETING THIS FORM

This Card is Also Approved For Other Patient(s) Below:

NAME	Relationship
1)	
2)	
3)	
4)	

I understand- I am responsible for all remaining balances including: co-pays, co-insurances, deductibles, denials and any non-covered service as deemed by my insurance(s) or office policy. Remaining balance of \$25.00 or less will automatically be billed to my credit card and a receipt can be requested. I authorization Joliet Eyecare Associates to keep this information on file and charge my card for payment and refund purposes only.

 Signature of Card Holder

____/____/____
 Date

**- CREDIT CARD ON FILE -
REQUIRED IF USING ANY MEDICAL INSURANCE**

CC 2018

Why Is This Required

Due to many challenges of insurances, lack of payments, higher deductibles, and difficulties of collecting balances by patients, our office requires a form of payment on file. Unfortunately, billing of any insurance does not mean guaranteed payment. You are responsible for any overages or unpaid services/amounts.

* Please note this is an **“ACROSS THE BOARD POLICY”** and is not representative of any patient.

Storage - Is It Secure

Exact same credit card processing company we use in the office, Heartland Payment Systems- third largest in USA. It is secure, confidential, and fully PCI compliant.

* Our office does not retain or have access to your credit card information or number.

TERMS

After your insurance claim is processed, 2 weeks to 3 months, if you are responsible for any portion(s):

- **\$25 or less** your card will be automatically billed. You can request a receipt at anytime.
- **Over \$25** statement will be sent and payment is required within 14-days (cash, check, online, etc.)
If balance **is not paid within 14-days**, your card will be **automatically billed the full amount**.
- If payment is not received from your insurance plan within 60-days, you will be notified and have 14-days to make payment or **amount due will be charged** to your credit card on file.
- You may receive 3 statements, and any unpaid balances (with 6% interest) **after 90-days** will be sent to collections. You will be responsible for all collection fees including court and attorney costs.
- If a refund is owed it will be issued to the card on file.

What If I Do Not Want to Leave a Credit Card On File

If your visit is being billed through your **MEDICAL INSURANCE** (commercial or federal insurance) our office require a credit card on file or a deposit for medical care or testing. When your insurance processes, if a refund is owed, it will be issued within 3 days by check (or credit card on file).