

## Credit Card on File Agreement

Linda C Wang, MD, LLC has implemented a new credit card policy, similar to other businesses such as a hotel, car rental agency or attorney's office. Our policy enables you to maintain your credit card information securely on file, and to give us permission to automatically charge your credit card on file for any balance that may be due on your account. This agreement will remain in effect until the expiration of the credit card account. You may revoke this agreement at any time by submitting a written request.

**Co-pays.** Co-pays are due at the time of the office visit.

**Outstanding Balance.** If your insurance(s) have paid their portion of your bill and there is a balance owed, Linda C Wang, MD, LLC, will notify you of your balance owed. If we do not receive your payment in full, your balance owed will be charged to your credit card. A copy of the charge will be emailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

**Multiple Users.** This card will only be authorized for the use of the credit card holder, his/her minor(s), or any person(s) listed below.

*I authorize Linda C Wang, MD, LLC to charge balances owed on my account to the following credit card:*

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Card Holder's Name (as shown on card): _____
Last 4 digits of credit card: _____
Expiration Date: _____
ZIP Code (from billing address): _____

If you wish to leave this credit card on file for other patient(s), please print name(s) below:

Patient's Full Name: _____	DOB: _____
Patient's Full Name: _____	DOB: _____
Patient's Full Name: _____	

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_