

New Patient Credit Card "On-File" Financial Policy and Authorization

The Hirsh Center will securely maintain your credit card information to be used for payment of your co-pays, deductibles, co-insurance and other services not covered by your insurance plan. Charges will be processed after your claim is successfully processed by your insurance plan(s). Should you choose to use an HSA or FSA card, you are required to keep a second credit card on file.

Credit Card Authorization

I authorize and agree to pay the amount charged to my credit card. I also authorize The Hirsh Center to charge my credit card on file the balance that is owed after insurance and/or point-of-service (patient) payments for a specific date of service have been applied to my account. This authorization will expire when the associated credit card expires, or when, in writing, I cancel this authorization.

With the credit card information provided, you give The Hirsh Center permission to pay your portion of claims which are deemed your responsibility. Should you dispute any charges with your credit card vendor, there will be a \$25 chargeback fee added to your account.

Once your credit card information has been entered into the system, a consent form will be generated requiring your authorized signature.

Patient Name (please print): _____

Name of card holder if NOT the patient: _____

Relationship to patient: ☐ Spouse ☐ Parent ☐ Other _____

Payment Information

Please check the card type you will be using: ☐ AMEX ☐ Visa ☐ MasterCard ☐ Discover

Is this card an HSA or FSA card? ☐ Yes ☐ No

**If this is an HSA or FSA card you are required to keep a second credit card on file, as noted above.*

Name as it appears on the credit card: _____

Credit Card Number:

(Amex only has 15 numbers)

Expiration Date: ____ / ____

***Your credit card information will be destroyed once your card on file is established. ***