

## **Credit Card on File Policy**

Thank you for choosing Illuminate Therapy & Wellness for your behavioral health needs. We are committed to providing you with exceptional care, as well as making our insurance billing processes as simple and efficient as possible. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to our patients, you, the insured. This is driving many practices to adopt new financial policies to enable more efficient operational processes. Some insurance plans require deductibles and co-payments in amounts not known to you or us at the time of your visit.

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, we require all patients keep an active credit card on file with us through our secure practice software. We will bill your insurance company first and upon their determination of benefits, we will only charge your credit card when they inform us of patient responsibility. Circumstances when your card would be charged include but are not limited to: missed or canceled sessions without 24 hour notice, missed co-payments, deductible and co-insurance, any non-covered services and/or denial of services and the balance of charges not paid by my insurance company 60 days after the end of treatment.

- Once your insurance has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office showing the amount of your total patient responsibility. You will typically receive the EOB before we do, so if you disagree with the patient responsibility balance owed, it is your responsibility to contact your insurance carrier immediately.
- When we receive the EOB, we will enter all pertinent payment information into our system. At that time, any remaining balance owed by you will be charged to your credit card and a copy of the charge will be sent to you.

If the credit card we have on file for you changes, please notify your clinician IMMEDIATELY by phone or email. It is not uncommon for people to change or cancel their credit cards for various reasons, including when a credit card expires. If we run your credit card and it is denied for any reason, we reserve the right to charge an additional \$25 declined card fee if we are not able to run a new credit card within 7 days.

We will contact you or leave you a phone message on the phone number you provided for us, asking you to give us a call with the new number right away. We will enter the new credit card number into your file, and that will become your new card on-file, subject to the same financial policy as the card you gave us in-person when you began treatment.

If there is a problem with your bill/claim and it is brought to our attention after your credit card payment processes, we will investigate it and if we owe you the money, we will refund it to the

same card in a timely manner. You are welcome to leave an HSA (Health Savings Account) or Flex Plan Card on File for payment of services, but we cannot use this card to charge for missed or late cancelled appointments. You may also pay for the visit with cash or a personal check.

## Credit Card on File Policy Acceptance Form

By signing below, I agree to all of Illuminate Therapy & Wellness's Credit Card on File Policy and I authorize Illuminate Therapy & Wellness to keep my signature and a valid credit/debit card number securely on-file in my account.

I allow Illuminate Therapy & Wellness to automatically charge my credit card for any outstanding balances. These may include insurance denials for ANY reason (including no referral on file); missed or canceled appointments; deductibles; co-insurances; partially paid claims, or balances owed 60 days following termination of treatment. Missed or canceled appointments without 24-hour notice will be charged the missed appointment fee of \$125.00 at the time of the appointment.

If the credit card that I give today changes, expires, or is denied for any reason, then I agree to immediately give Illuminate Therapy & Wellness a new, valid credit card, which I will allow them to key-in over the phone. Even though Illuminate Therapy & Wellness is not swiping this card in person, I agree that the new card will still be subject to the financial policy listed here and may be used with the same authorization as the original card which I presented in person.

I understand that I am responsible for payment for all mental health services provided to me by Illuminate Therapy & Wellness. I understand that my insurance may deny or delay payment for these services or only partially pay them, and I agree to allow Illuminate Therapy & Wellness to immediately charge my credit card on file for the balance if that happens. I understand that this form is valid until I cancel this authorization through written notice to Illuminate Therapy & Wellness.

## **Credit Card Information:**

□Visa	□MasterCard	□Discover	
Account Number:		Expiration Date:	
Cardholder Name:		Security Code (CVV):	
Client Name:		Relationship to Client:	
Billing Address	s: Street	City	 Zip
I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form. I understand this form is valid unless I cancel the authorization through written notice to Illuminate Therapy & Wellness.			
Signature		Date	