A logo with black text

AI-generated content may be incorrect. Account # \_\_\_\_\_\_\_\_\_\_

**Credit Card Authorization**

Per Sunpointe Health guidelines, a valid credit card is required to be kept on file for all accounts. This information will be stored securely in accordance with industry standards. You will always have the option to pay any fees using an alternative payment method, provided payment is made in a timely manner.

**Charges to the credit card on file may be applied under the following circumstances:**

**Copay Policy -** Copays are due on the date of service, in accordance with your insurance plan requirements. You may present an alternative method of payment prior to or at the time of your appointment. If no other method of payment is provided by the date of service, the credit card on file will be charged for the copay. **Please note** that statements will **not** be mailed for copays, as they are due at the time services are rendered. In the event that the card on file is not successfully charged at the time of service—due to error, oversight, or card issue—the charge will be processed before any statements are mailed.

**Co-Insurance and Deductible Policy -** For patients with deductible-based insurance plans, a flat rate will be collected at each visit until the deductible is met. This amount is an estimate and may not reflect the final balance. The credit card on file will be charged for this flat rate in the same manner as copays. Once the deductible has been met, any remaining balances due to co-insurance or differences from the estimated flat rate will be billed. A statement will be mailed outlining the exact amount owed. You will have 45 days from the date of the statement to submit payment using an alternative method. If no payment is received within that time, the balance will be charged to the credit card on file.

**Late Cancellation and No-Show Charges -** In accordance with policy, charges will be applied for late cancellations or missed appointments without proper notice. A statement will be sent detailing the charges. You will have 45 days from the date of the statement to submit payment using an alternative method or to dispute the charge. If no payment or dispute is received within that time frame, the balance will be charged to the credit card on file.

**Personal Payments on Account Balances -** Patients are welcome to make monthly payments on past due balances. As long as regular payments are being made, we will not charge the credit card on file. However, if no payment is made within 30 days, the credit card on file will be charged for any balance that is more than 45 days past due, provided statements have been sent.

**Please note**: Copayments made at the time of service do not count as payments toward past due balances.

**Use of HSA/FSA/HRA Cards -** If you choose to provide a Flex Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Arrangement (HRA) card as your credit card on file, please be aware that you are solely responsible for determining which charges are eligible under your plan. Sunpointe Health will not be responsible for denied charges, or any issues related to ineligible expenses on these types of accounts.

**Credit Card Validity Notice -** If the credit card on file expires, becomes invalid, or is declined due to insufficient funds, you will be required to update your credit card information and/or pay any outstanding balance in full **before** you are able to reschedule with your provider.

I authorize Sunpointe Health to securely store my credit card information and to charge my credit card as outlined above. I understand that I will be notified of any charges and have the opportunity to use another form of payment within the stated time frames. I have read and understand the policies outlined in this form.

Patient Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

Card Type (circle one): Visa MasterCard Discover

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

Card Holder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credit Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EXP Date:\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

Email address for receipts (please write legibly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_