

Credit Card on File Authorization

Neuropsychology Partners PLLC offers a Credit Card on File program as a convenient method of paying for the portion of your services that are the patient/guarantor's responsibility such as copay, deductible, and co-insurance. Your credit card information will be kept confidential and secure.

I (we), the undersigned, authorize and request that Neuropsychology Partners PLLC charge my credit card for the balance due that my health plan has identified as my financial responsibility. This authorization relates to all charges not covered by my insurance company for services provided to me by Neuropsychology Partners PLLC. My card will remain securely stored for future use by Biller Genie, a secure credit card processor, who partners with Neuropsychology Partners PLLC to collect payments. This authorization will remain in effect until revoked by me in writing.

Patient's name: _____ DOB: _____

Please keep my credit card on file and charge my account to pay for charges not paid by my insurance.

Charge limits: Balances exceeding \$_____ require verbal authorization from me.

Charges under this amount require no further authorization.

Patient/Guarantor's Signature: _____ Date: _____

Credit card information:

Card type: Amex Visa Mastercard Discover

Is this card a Flexible Spending/Health Savings card? Yes No

Card Number: _____

Expires: _____ Security Code: _____

Cardholder's Name: _____

Card's Billing Zip Code: _____ Contact Phone: _____

Transaction type: AUTHORIZATION

Email the receipt to: _____ or mail receipt

Credit Card on File Policy

Neuropsychology Partners PLLC offers a Credit Card on File program as a convenient method of paying for the portion of your services that your insurance policy requires you to pay such as copay, deductible, and co-insurance. Your credit card information will be kept confidential and secure. This policy has been implemented to simplify and enhance your patient experience, and to simplify our business operations.

Patients who do not wish to place a card number on file may elect to make payment arrangements with our company billing specialist.

Q & A about the Credit Card on File Policy

How does this work?

At patient registration we will ask you to sign a credit card on file agreement. As part of the agreement, you will be able to set a maximum to be charged to your card. Charges that exceed this maximum require verbal authorization from the card holder prior to processing payments.

What are the benefits to me?

You can use your credit card on file to pay for copays, coinsurance, and deductibles at future visits. It will make check-in easier, faster, and more efficient.

What if I don't have a credit card?

It is our policy that payment is due at the time of service. You may also keep your Health Savings Account (HSA) or Flex Spending Account (FSA) credit cards on file. If you do not have either of these types of cards, then you can use a debit or credit card. We accept Visa, Mastercard, American Express, and Discover.

How can I be assured that my credit card information will remain safe?

We are under the strict rules and guidelines of Payment Card Industry (PCI) Compliance, and HIPAA Compliance to protect patient privacy and credit card information is considered protected health information. Biller Genie, our credit card processing vendor, will store your information on a secure and encrypted site, which will enable us to run bank card transactions on our computer system.