



NAPERVILLE CLINICAL ASSOCIATES

VISA/MASTERCARD/DISCOVER/AUTHORIZATION FORM

To improve the efficiency of patient payments, we require our patients to leave credit card information and charge authorization. This is similar to policies of most hotels and car rental companies. Your credit card information will be held securely to the standards of federal guidelines that protect against identity theft.

When your insurance company has paid its portion of your bill, your portion (the coinsurance or deductible) will be charged to your credit card. Our billing usually closes on the 20th of the month. Your card will be charged at that time for any outstanding balances. We will bill your card for failed appointments or late cancellations on the date of the appointment. Please be reminded that we are not responsible for any debit card charges if you choose to register a debit card instead of a credit card. You may put HSA card on file but must also provide a regular credit card. Balances over \$250 will be discussed with you in advance.

I understand that if my card declines, NAPERVILLE CLINICAL ASSOCIATES may put my VISA, MASTERCARD OR DISCOVER through on another day when funds become available. This policy will in no way compromise my ability to dispute a charge or question my insurance company's determination of payment. Initial: _____

I authorize NAPERVILLE CLINICAL ASSOCIATES to charge any outstanding charges for my sessions at NCA (for copays, co-insurance amounts, failed appointments/late cancellation charges and outstanding balances). Initial: _____

Card Type: ___Discover ___Mastercard ___Visa Is this card HSA? ___Yes ___No

Doctor's Name: _____

Patient Name: _____ Date of Birth: _____

Name on Card (please print): _____

Card Number (**without the last 4 digits**): _____/_____/_____

Expiration Date: _____

Zip Code where billing statements are mailed: _____

Cardholder's Signature: _____ Date: _____

Please complete the following information which is stored separately for your security

Name on Card (please print): _____

Last 4 digits of credit card number: _____ Expiration Date: _____

Security Code (on back of credit card): _____