



**Family Health Center, PLLC**  
**Dr. Raye-Anne Ayo and Dr. Larry Davis**

**Credit Card Policy**

Patient Account Number: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

**To our patients:** As you know, if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is imprinted and later used to pay your bill. This is an advantage for both you and the hotel or rental company since it makes checkout easier, faster and more efficient.

We have implemented a similar policy for those patients who choose to take advantage of it. You will be able to provide your credit card number at the time you check-in and information will be held securely (just as securely as your medical records) until your insurance(s) have paid their portion and notify us of the amount of your share. At that time, any remaining balance owed by you will be charged to your credit card and a copy of the charge will be mailed to you. You determine the maximum amount to be charged per transaction.

This will be an advantage to you since you will no longer have to write out and mail us checks. It will be an advantage to us as well since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everyone in helping to keep the cost of healthcare down.

**\*This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.\***

Co-pays due at the time of visit will, of course, still be due at the time of your visit. You may choose at the time of your visit to pay your co-pay, if any, by any payment method accepted – cash, check, credit/debit card.

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**Select one:**

Please use the credit card listed below to pay my balance(s) as they are incurred up to \$\_\_\_\_\_ each charge. If more than this amount, please call me for additional authorization in advance.

I do not wish to participate at this time.

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Authorized signature of cardholder

Credit Card Number

Type of Card:  Visa  Mastercard  American Express  Discover

Expiration Date: \_\_\_\_\_

Last 3 digits on back of card: \_\_\_\_\_