

RF MEDICAL SERVICES
12264 Tamiami Trail East, Unit 201
Naples, FL 34113
239-304-9071

Patient Credit Card on File Agreement

We have implemented a policy which enables you to maintain your credit card information securely on file with RF MEDICAL SERVICES. In providing us with your credit card information, you are giving RF MEDICAL SERVICES permission to automatically charge your credit card on file for your co-pay, deductible, or any outstanding balance. By signing this you authorize this agreement will remain in effect until the expiration of the credit card account and that you may revoke this form at any time by submitting a written request. Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been filed to and processed by your insurance carrier, and the insurance portion of the claim has posted to your account, or in the event that valid insurance information was not provided at the time of service.

Co-pays: Co-pays are due at time of the office visit.

Outstanding Balance: If your insurance provider has paid their portion of your bill and there is an outstanding balance owed, RF MEDICAL SERVICES will notify you via phone and or mail. If by the final billing notice, we do not receive a response from you or your payment in full, at that time, any balance owed will be charged to your credit card. A copy of the charge will be sent by email or mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

I authorize RF MEDICAL SERVICES, to charge co-pays and outstanding balances on my account to the following credit card:

Visa	MasterCard	American Express	Discover
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card Holder's Name: _____			
Credit Card Number: _____		Security Code: _____	
Expiration Date: _____		Zip Code: _____	

Patient Name: _____

Date: _____

Patient Signature: _____