

Perez Neurology

2695 S LeJeune Road

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PEREZ NEUROLOGY

Credit Card on File Policy

At Perez Neurology we strive to provide efficient and convenient services to our patients while maintaining the highest standards of care. To streamline payment processing and improve administrative efficiency, we have implemented a Credit Card on File Policy. This policy outlines the terms and responsibilities associated with maintaining a credit card on file for billing purposes.

1. Authorization:

By providing a credit card for our records, you authorize [Name of Medical Practice] to securely store your credit card information in our encrypted and PCI-compliant system. This information will be used for payment processing related to medical services rendered by our practice.

2. Scope of Use:

Your credit card on file will be used to cover any outstanding balances for medical services not covered by insurance, including but not limited to copayments, deductibles, coinsurance, and non-covered services.

3. Notification of Charges:

We will notify you in advance of any charges processed against your credit card on file. This notification may be provided via email, text message, or phone call, depending on your preferred method of communication. You will receive an itemized statement detailing the services rendered and the amount charged to your credit card.

4. Dispute Resolution:

If you have questions or concerns about a charge processed against your credit card on file, please contact our billing department promptly to discuss the matter. We will investigate any disputed charges and work with you to resolve the issue in a timely manner.

5. Keeping Information Current:

It is your responsibility to ensure that the credit card information on file is accurate and up-to-date. Please notify us immediately of any changes to your credit card number, expiration date, billing address, or contact information.

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6. Security and Confidentiality:

We take the security and confidentiality of your credit card information seriously. Your credit card data will be stored securely and accessed only by authorized personnel for the purpose of payment processing. We employ industry-standard security measures to protect your sensitive information from unauthorized access, use, or disclosure.

7. Termination of Agreement:

You may revoke your authorization for us to keep a credit card on file at any time by providing written notice to our office. However, please note that this may affect your ability to receive certain services or may require alternative payment arrangements for future visits.

8. Agreement to Terms:

By signing below, you acknowledge that you have read and understand the terms and responsibilities outlined in this Credit Card on File Policy. You agree to abide by these terms and authorize [Name of Medical Practice] to keep a credit card on file for billing purposes.

Patient Signature: _____ Date: _____

Witness (Medical Practice Representative) Signature: _____ Date: _____

Please retain a copy of this form for your records. If you have any questions or concerns regarding these terms, please do not hesitate to contact our billing department.

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