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Dr. Amy D. Miller & Associates, Ltd.

CREDIT CARD ON FILE (CCOF) POLICY

To Our Patients:

As you are aware, healthcare has undergone dramatic changes in recent years. Insurance reimbursements are declining with high-deductible health plans and increased patient cost sharing becoming a mainstay in the healthcare landscape. This means that more responsibility for payment is being placed on patients. We need to be sure that patient balances are paid in a timely manner to reduce increasing administrative costs. As of July 1, 2025, Dr. Amy D. Miller & Associates, Ltd. has adopted a Credit Card on File (CCOF) Policy requiring that you provide a credit card on file with our office.

This policy is being implemented to cut down on the administrative costs associated with billing. Unnecessary costs of having to bill patients multiple times or even send to a collections agency results in wasted time and expense. This change will lower administrative expenses, which is essential for us to continue to accept insurance. Some providers have decided to stop accepting insurance altogether and only accept self-pay. Other providers have also begun passing on a 3% credit card processing charge which is charged by the credit card company. Dr. Amy D. Miller & Associates, Ltd. is implementing the Credit Card on File (CCOF) Policy to reduce administrative costs to allow continuing to accepting insurance and avoid charging the 3% credit card processing charge to patients.

Your Credit Card on File will only be used as a “backup” payment source. Please continue to pay your account when due. This will avoid administrative time and expense with having to charge your Credit Card on File. Statements are issued on the last day of each month indicating the patient’s portion due (labeled “YOUR AMOUNT DUE NOW” on the last page). If your balance is not paid by 27th day of the following month, your Credit Card on File will be used to pay your balance due. (Ex./ statement is issued and sent out on March 31st, patient portion must be paid by April 27th to avoid Credit Card on File being charged.)

Your Credit Card on File is safeguarded. We use the same methods to guard your credit card information as we do for your medical information. The card information is securely protected by the credit card processing component of our HIPAA compliant practice management system. Your credit card information is stored in a secure protected manner and only accessed and charged if there is an outstanding balance due.

A Credit Card Authorization form is attached. Please return this form promptly to avoid any delays or disruption in your treatment. A fillable PDF Credit Card Authorization form can also be found on your providers website: <https://dramymiller.com/patient-forms>

If you have any questions, please email billing@DrAmyMiller.com

Thank you



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Credit Card Information

Card Type: ☐ MasterCard ☐ VISA ☐ Discover ☐ AMEX ☐ Other _____

Credit Card #:		Expiration Date (MM/YY):		Security Code (3 or 4 digits):	
Cardholder Name (as shown on card):				Phone #:	
Cardholder Zip Code:		Email Address:			

CREDIT CARD AUTHORIZATION AGREEMENT

If there is a balance remaining on your account that is not payable by insurance benefits, you are then responsible for this balance. In Addition, in case of late cancellations and/or no shows for scheduled sessions, or if a check is returned unpaid, you will be charged the full session fee. An additional \$25 will be assessed for returned checks.

I, authorize Dr. Amy D. Miller & Associates, Ltd., to use my credit card information to charge if I carry an account balance not covered by insurance or in the event that I do not provide notification of my inability to attend scheduled therapy appointments and/or do not cancel my appointments at least 48 hours in advance, or if a check is returned for any reason, as agreed to in the signed Client Billing Policies/Late Charges form.

I will not dispute charges ("charge back") for sessions I have received or for appointment I have missed according to the Client Billing Policies/Late Charges form.

By signing below I am authorizing Dr. Amy D. Miller & Associates, Ltd to charge for missed appointments and/or outstanding account balances.

I agree to promptly provide an updated credit card due to expiration or replacement.

Signature:	
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Date:	
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