



CREDIT CARD ON FILE BILLING AUTHORIZATION FORM

Eastern Shore Developmental Clinic is asking for a secure and convenient method of payment for the portion of services that your insurance doesn't cover, but for which you may be liable. 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.

I authorize **Eastern Shore Developmental Clinic** to capture my credit card information and securely store my credit card on file.

I authorize **Eastern Shore Developmental Clinic** to charge my credit card on file for any balance owing what my insurance does not cover.

I agree **Eastern Shore Developmental Clinic** may charge my credit card on file for the balance due when they receive a copy of the EOB. This authorization relates to all balances not covered by my insurance company for services provided by **Eastern Shore Developmental Clinic**. This could be amounts resulting from balances related to copayment, deductible, co-insurance, non-covered services, or denials for no coverage/eligibility but is not limited to these scenarios.

I understand that this form is valid until my child or guardian of child said is no longer a patient or my balance owed is paid in full at **Eastern Shore Developmental Clinic**. Written notice must be submitted to **Eastern Shore Developmental Clinic 28150 North Main Street Daphne AL 36526**.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Patient Name: Account#: _____

Card Holder's Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YY) _____ **CVV:** _____

Visa Master Card Discover American Express

Last 4 digits of credit card: _____

Email: _____