Credit Card Policy

Family Vision Clinic has implemented a credit card policy. You will be asked for a credit card number at the time you check in and the information will be held SECURELY until your insurances have paid their portion and notified us of the amount of your share. At that time, any remaining balance owed by you that is $100 or

less will be charged to your credit card, and a copy of the charge will be mailed to you.

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 everybody in helping to keep the cost of health care down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. Co-pays, coinsurance and deductibles are still due at the time of service.

If you have any questions about this payment method, do not hesitate to ask.

I AUTHORIZE FAMILY VISION CLINIC TO CHARGE OUTSTANDING BALANCES ON MY ACCOUNT TO THE FOLLOWING CREDIT OR DEBIT CARD:

(CIRCLE ONE)

VISA MASTERCARD DISCOVER AMERICAN EXPRESS CARE CREDIT

ACCOUNT NUMBER:_____

3 DIGIT CODE ON BACK: _____ **EXP. DATE** _____

NAME ON CARD (PLEASE PRINT)_____

SIGNATURE:_____**DATE:**_____

I wish to opt out of this service

Signature: _____ Date:_____