

***FINANCIAL POLICY AND PATIENT PAYMENT AGREEMENT***

**Credit cards are kept on file for payments and outstanding balances which are not paid at the time of service:**

I, \_\_\_\_\_ authorize Exeter Foot & Ankle Center to process the above credit card as “card on file.” for payment to cover my patient responsibility amount up to a maximum of **\$215.00**

I understand this authorization will remain in effect until the expiration of the credit card account. Patient may also revoke this authorization by submitting a written request to the medical practice.

**MEDICAL PRACTICE:** Exeter Foot & Ankle Center

**Patient name:** \_\_\_\_\_

**Type of credit card:**  MasterCard  Visa  Discover  Amex

**Name as it appears on card:** \_\_\_\_\_

**Card #** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **expiration** \_\_\_\_\_ - \_\_\_\_\_ **cvv:** \_\_\_\_\_ **billing zip code:** \_\_\_\_\_

**Failure to keep your health insurance current, including coordination of benefits with multiple insurance companies, results in patient responsibility of payment.**

**Account balance/deductible not settled at the time of service may be billed to card on file.**

**Any remaining balance after your insurance company issues payment is due upon receipt of your billing statement.**