

Patient Credit Card on File Agreement

- We ask that you provide your credit card information for secure storage in our system.
- At the time of service, your credit card will be processed for balance due at the time of service. This may include co-pay, co-insurance, self-pay rate, or outstanding balance. **If a caregiver or nanny will be bringing your child to the appointments, a credit must be saved on file to facilitate this process.**
- After receiving remittance from your insurance company, a patient responsibility balance may remain. In this situation, your credit card on file will be processed for the balance due and a receipt will be sent to the email we have on file.
- By signing this form you authorize this agreement will remain in effect until the expiration of the credit card account, or until we receive your request to remove the credit card information on file.
- If you have a question regarding this policy or an email receipt you have received, please contact billing@bostonabilitycenter.com
- Multiple Users: This card will only be authorized for the use of the credit card holder, his/her minor(s), or any person(s) listed below.

I authorize The Boston Ability Center, to charge co-pays and account balances on my account to the following credit card:

Type of Credit Card	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Is this a HSA or FSA card?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Holder's Name	<input type="text" value="Click or tap here to enter text."/>
Last 4 Digits of Credit Card	<input type="text" value="Click or tap here to enter text."/>
Expiration Date	<input type="text" value="Click or tap here to enter text."/>

Please present your credit card to the front desk to be added to our system.

I authorize that this credit card be stored on file for each patient listed below:

Patient's Full Name	<input type="text" value="Click or tap here to enter text."/>
Patient's Full Name	<input type="text" value="Click or tap here to enter text."/>
Patient's Full Name	<input type="text" value="Click or tap here to enter text."/>

Cardholder/Parent Signature Date: