



Reoccurring Credit Card Authorization Form

Goodman Psychologist Associates is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are responsible. This would include co-payments, co-insurance, annual deductibles and additional services not billable to your insurance (missed or late canceled appointments, letters, phone call, etc.). Your credit card information will be kept confidential and secure.

Our office policy requires a credit card/HSA card to remain on file.

I, _____, authorize Goodman Psychologist Associates to capture my credit card information and to charge my credit card as payment for any balance put into the "patient responsibility" as a result of my insurance plan's deductible, co-insurance or co-payment or additional services provided to me that are not billable to my insurance. I understand and agree that this payment will be processed at the time of service. I agree I will notify Goodman Psychologist of any changes in my insurance, including but not limited to satisfying my deductible, and/or satisfying the out-of-pocket limit... Upon request Goodman Psychologist Associates will also provide me with a receipt as proof of payment. I understand and agree that this form is valid until I give a 30-day written notice to cancel the authorization to Goodman Psychologist Associates Attn: Billing Dept., 405 Illinois Ave. Suite 2C, St. Charles, IL, 60174.

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 (s): _____

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

Card Type: Visa Master Card Discover American Express. HSA

Credit Card Number: _____ Expiration date (mm/yy): _____ / _____ CVV Code: _____

Billing Zip Code: _____ Email Address: _____

Cardholder Signature _____ Date: _____

Credit Card on File Billing Authorization FAQ

Q: What is a deductible? A: An annual deductible is the dollar amount you must pay out of your own pocketing during your plan year for medical expenses before your insurance begins to pay. For example, if the policy has a \$1,000 deductible, you must pay the first \$1,000 of medical expenses before your insurance will begin to pay. Your insurance company must receive a claim to process in order to apply balances towards your deductible.

Q: What is a copay? A: A copay is a fixed dollar amount you must pay out of your own pocket. The remaining balance is covered by your insurance company.

Q: Is my credit card secure? A: Yes, we keep your credit card info securely within your HIPAA compliant Electronic Medical Record and Billing System in addition to an encrypted payment gateway.

Q: What are the additional services that I may be billed for? A: Please read our *Practice Agreement and Policies* to find out more information about additional services that cannot be billed to your insurance.

Q: What if I need to discuss my bill? A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount that we are instructed by your insurance carrier to collect as part of patient responsibility on your EOB. The Billing Department can be reached at 630-377-3535, ext. 104. If you disagree with how your insurance carrier processed the claim you will need to contact their customer service department directly.