



# PRIORITY URGENT CARE

## CREDIT CARD / DEBIT CARD AUTHORIZATION

**PRIORITY URGENT CARE** submits claims to insurance carriers as a convenience to all our patients. At this time, we request authorization to balance bill a major credit card or debit card to cover amounts determined by your insurance to be your responsibility.

Upon receipt of an explanation of benefits [EOB] from your insurance carrier any unpaid portion of your claim will be billed to your credit card or debit card. Should insurance pay in full, your account will not be charged.

All credit card/debit card information will remain absolutely confidential and securely stored by First Data. **PRIORITY URGENT CARE** will not store any banking account data.

*I hereby authorize **PRIORITY URGENT CARE** to charge any and all outstanding balances, after insurance company reimbursement or denial, to my credit / debit card. I understand that I will not receive a statement if there is no balance due after processing my credit card for payment.*

*I have received a copy of this authorization for my records.*

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Cardholder's Authorization Signature

Date

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Received by: Priority Urgent Care Representative

Date