Priority Urgent Care

Your Health is Our Priority

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. 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.

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 your claim in full, your account will not be charged.

*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 receive notification via email prior to charges for the unpaid portion being applied to my debit/credit card. I understand that I will have seven (7) days after the email notification to contact the clinic billing office at 844-878-4114 to cancel this impending credit card transaction and provide an alternate payment method. If I do not cancel this charge within that time period, I understand and accept that the charge to my credit card will occur on the date stated in the email notice.*

I understand that I will not receive a statement if there is no balance due after processing my debit/credit card for payment. I have received a copy of this authorization for my records.

	Date
Printed Name of Cardholder	
Cardholder's Authorization Signature	
Cardholder's email address	