

# Asheville Regenerative Orthopedics & Sports Medicine PLLC

## Authorization for Credit/Debit Card On File Payment

**NOTE:** Your credit card information is not kept on file in this office. It is kept securely offsite and this office does not have access to the full credit card number once it is entered into the system the first time.

### AUTHORIZATION

*Until further notice, I authorize Asheville Regenerative Orthopedics & Sports Medicine PLLC to charge the patient-responsible balances on my account, including old balances, no-show and forms fees, co-pays, co-insurance, deductibles and non-covered services, to the credit/debit card on file. If my credit or debit card expires, I agree to give Asheville Regenerative Orthopedics & Sports Medicine PLLC a valid replacement card upon request.*

*I understand that once the insurance has paid their portion for my care, I will receive an Explanation of Benefits (EOB). The insurance plan EOB will state any balance remaining to be paid by me. I agree that Asheville Regenerative Orthopedics & Sports Medicine PLLC may charge my credit/debit card on file for the balance due when they receive a copy of the EOB. If the balance due is more than \$150.00, I will receive a courtesy call prior to my card being charged.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_