

Authorization for automatic credit card payment (Credit Card on File)

After medical services have been provided, a claim is submitted to your insurance company. After that claim is processed, you may still owe money to our office. This form allows us to process the amounts owed based on the specific details listed below.

Co-payments

We will bill the credit card indicated below for co-payments owed.

Unpaid balances

We will bill the credit card indicated below for unpaid balances over 60 days old, or outstanding balances after your insurance has processed the claim.

Waivered services

We will bill the credit card indicated below for services we provided for which you signed a waiver. Waivered services typically include those that are not paid by insurance, or "optional" services that may be not paid or partially paid by insurance.

Finance charges

We may charge you either 1 percent per month or the maximum allowed by law on any and all unpaid balances after 30 days.

Notification

We will notify you by first class mail of any charges, including those we have applied to your credit card, within 30 days. Notification by first class mail will be sent to the address you have provided.

Statements

If you do not receive monthly statements from us, it is your responsibility to inform us by contacting our business office. Failure to receive a statement does not relieve you from responsibility for payment.

Credit Card Authorization

By your signature below, you indicate your understanding and acceptance of the terms and conditions outlined herein.

“I authorize Fair Oaks Women’s Health to prepare, submit, and collect any and all amounts on my account as outlined above by charging them to the credit card number I have provided below. This agreement will automatically renew at the expiration date of the credit card and remain in force until all amounts are paid or I am no longer a patient of Fair Oaks Women’s Health, whichever comes later. This agreement does not preclude other legal or collections actions”

If you have any questions about our fees or billing, please call our office and ask to speak to the office manager. Call (626) 304-2626. Thank you very much.

Name as it appears on card: _____
Credit Card Type: _____ CCV (on back of card) _____ Zip _____
Credit Card Number: _____ Expiration Date: _____ / _____
Signature: _____ Date Signed: _____