Gill Family Medicine Credit Card Agreement

Gill Family Medicine now requires all patients, regardless of insurance or visit type, to have a credit or debit card on file as a payment method for any portion of services that insurance does not cover. These charges could result from balances related to copayment, deductible, co-insurance, denials for non-covered services, loss of eligibility, or no-show fees, but is not limited to these scenarios.

All payment information is stored securely off-site in compliance with all HIPAA and PCI data security standards. Office personnel will not have access to your card information. For your protection only the last 4 digits of your card are shown in our system.

Once insurance has processed your claim, Gill Family Medicine will receive an Explanation of Benefits (EOB) showing the total financial responsibility for the claim. Any remaining patient responsibility will be posted to your Gill Family Medicine account, and you will receive a detailed statement of the office visit and benefit coverage. You will have 30 days from the release of your statement to pay any remaining balance in full.

After 30 days, Gill Family Medicine will provide one additional courtesy communication to notify you of any remaining financial responsibility. You will have 14 days following our final courtesy notification to pay any remaining balance in full. If the remaining balance is not paid, your card on file will be used to process any remaining financial responsibility for the full remaining balance on your account.

The card on file will only be used to process payments towards past due balances on your account once the above criteria has been met. All co-pays, deductibles, and fees for non-covered services are due at the time of service.

- I certify that I am an authorized user of this credit or debit card.
- I authorize Gill Family Medicine, P.C. to charge my credit or debit card for balances due for services that my insurance company identifies as my financial responsibility, as well as any no-show charges of $35 for appointments not cancelled 24 hours prior to the scheduled appointment.
- Gill Family Medicine reserves the right to change, modify, or terminate the terms and conditions of this agreement at any time.

Patient Name: ______________________________ Account Number: ____________

Patient Signature: ____

I authorize payments not covered by insurance for services received at Gill Family Medicine for the following family members:

Name: ______________________________ Relationship: ________________

Name: ______________________________ Relationship: ________________

Name: ______________________________ Relationship: ________________

Form #6623