



DIRECT BILLING INSURANCE COMPANY POLICY

We are happy to provide you with direct billing from your insurance company. Please provide the name of your employer, insurance details and a valid credit card number to leave on file.

We kindly ask you to update our office with a current credit card if your card on file expires or is cancelled. Any credit card left on file will be used for all members on the account unless specified below. Please also update our office with current insurance policy information so that we may submit your claims for payment.

If there is a balance less than \$100.00 after insurance has paid, this credit card will automatically be charged. For outstanding balances over \$100.00, we will inform you before processing the balance.

Insurance Information

Employer: _____ Insurance Company: _____
Policy Holder's Name (as appears on card): _____ DOB: _____
Relationship to Member: _____ Group/Policy # _____ ID: _____

Credit Card Info

(Visa/MC): _____ Expiry (Month/Year): ____ / ____ CCV: _____
Name on card: _____
This credit card number may only be used for: _____

I, _____ have read and understand the policy above.
(Print name)

(Signature of Patient or Guardian)

(Date)