

Card on File Agreement

Maximum Charge Amount in one year: \$1,500.00

This is not a receipt. This is an agreement to pay for services once patient liability has been determined. The terms of this agreement are outlined below.

AGREEMENT TERMS

Effective date:

Expiration date:

I agree to allow the practice to charge my credit card during the effective period for the balance due, as determined by the final adjudication of all claims included under this contract. I agree to the final adjudication amount as defined by my insurance company, with exceptions as noted below. I agree to these charges under the following conditions:

- The charges will take place upon receipt, or within a few days, of the final explanation of benefits from my insurance company
- The amount charged to my card will not exceed the agreed-upon maximum dollar amount
- My credit card will be stored by Elavon, Inc., a secure credit card processor affiliated with U.S. Bank that partners with the practice to collect payments
- I will receive a bill from the practice for any balance greater than maximum dollar for which I am liable.
- I will receive a receipt for any amount charged to my card once the transaction has been executed

I Accept

I Decline

Date of visit:

Maximum charge amount: \$1,500

Effective date: 01/31/23

Expiration date: 01/31/24

I agree to allow Allied Digestive Health to charge my credit card for any amount not covered by insurance (up to the maximum charge amount), for all services provided by Allied Digestive Health to the patient(s) on or after the effective date and before the expiration date. I acknowledge that:

- My credit card will be charged upon review of the final expiration of benefits from each applicable insurance company for services provided while this agreement is in effect.
- Once a total of \$1,500.00 has been charged to my credit card under this agreement, Allied Digestive Health will bill me directly for any amounts not covered by insurance
- My credit card will be stored by Elavon, Inc., a secure credit card processor affiliated with U.S. Bank that partners with Allied Digestive Health to collect payments.
- I will receive receipts detailing the amount charged.
- I may cancel this agreement at any time by contacting Allied Digestive Health, any unpaid amounts relating to services provided while this agreement is in effect that are not covered by insurance will then be billed to me directly.



Phone 732.702.1039

Fax 732.548.7408

187 Highway 36, Suite 230

West Long Branch, NJ 07764

Signature of Patient or Guardian

Today's Date

Printed name of Patient or Guardian