



Credit Card on File Agreement

We can securely maintain your credit card information on file with our merchant services. This information will be securely held until your insurance provider has paid their portion of your bill or if payment has not been received from the insurance provider in 60 days. At that time, any balance, which you owe to our office for services that have already been rendered, will be charged to your credit card and a receipt will be sent to you.

This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Co-Pays and Co-Insurances are still due at time of service.

I authorize Living Harmony Center to charge the card provided on dates I receive treatment and for any outstanding balance I owe following receipt of insurance benefits.

Cardholder Name: _____

Cardholder Signature: _____

Today's Date: _____

*If the balance is over \$100 your card will not be charged without prior notification.

Check here if you wish for this card to be linked with all family member accounts

Family Members _____

In the event there is a balance on your account, how would you like to receive a statement?

Receive via email at _____ (email address)

Receive paper statement at _____ (address)