

FEMME CLINIQUE

Credit Card on File Billing Authorization Form

Femme Clinique is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are responsible. This would include co-payments, co-insurance and annual deductibles. Your credit card information will be kept confidential and secure, and payments to your card are processed only after the claim has been filed and processed by your insurance carrier.

I, _____, authorize Femme Clinique to capture my credit card information and to charge my credit card as payment for any balance put into the "patient responsibility" as a result of my insurance plan's deductible, co-insurance or co-payment. I understand and agree that this payment will be processed after the claim is finalized and when we receive a copy of the Explanation of Benefits (EOB) from my insurance plan. Femme Clinique will also provide me with a receipt as proof of payment.

Patient Name: _____

Card Holder's Name (as shown on card):

Card Type: Visa Master Card Discover American Express

Credit Card Number:

Expiration date (mm/yy): ____ / ____

CVV Code: _____

Billing Zip Code: _____

Cardholder Signature

_____ **Date:** _____