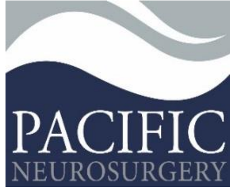

Pacific Neurosurgery
45 Castro Street, Suite 421
San Francisco, CA 94114

CREDIT CARD ON FILE POLICY

Pacific Neurosurgery requied that all patients keep a credit card or debit card on file as a convenient was to pay for any outstanding patient balances. This is due to an increasing amount of deductibles and co-payments required by insurance companies, and to decrease the number of delinquent accounts.

We will bill your credit card in the following situations only:
1. Your balance is 90+ days old and/or we have sent you at least 2 statements
2. You instruct us to bll your credit card for any outstanding balance
3. If you set up a payment plan with us

Should you decline to provide a credit card or debit card number, you will be responsible for paying any outstanding balance upon receiving a billing statement. Should you not pay your balance due after three statements, your balance will be sent to collections without further notice and you will no longer be able to receive services by Pacific Neurosurgery until this balance is paid in full.

Your credit card information is kept confidential and secure and payments to your card are processed only after the claim has been processed by your insurance company, and the insurance portion of your claim has been paid and posted to your account.

I authorize Pacific Neurosurgery to charge the portion of my bill that is my financial responsibility to the following credit card or debit card:

Credit Card Number	
Expiration Date	CVV
Cardholder Name	
Billing Address	

I (we), the undersigned, authorize and request Pacific Neurosurgery to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. The authorization relates to all payments not covered by my insurance company for services provided to my by Pacific Neurosurgery. This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (we) must give a 60 day notification to Pacific Neurosurgery in writing and the account must be in good standing.

Patient Name (Print)

Patient Signature Date