

RALUCA RADULESCU, M.D.
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CREDIT CARD ON FILE AGREEMENT

Our office policy now requires keeping a Guarantor credit or debit card on file for every patient account as a convenient method of payment for the portion of services insurance doesn't cover, and to collect for services for which you are liable. Keeping a credit card on file will eliminate waiting for statements, mailing checks, or calling with credit card payments.

This agreement is required – if you choose to decline this authorization or do not maintain a valid and current credit card on file, you will be billed the full session fee at the time of service.

Your credit card information will be kept confidential and secure. No credit card information will be kept on file in the office. Your information will be maintained through an independent merchant services vendor called Elavon Converge in a secure, encrypted, and fire walled program that is fully compliant with the Payment Card Industry Data Security Standard (PCI-DSS). *Please note: card numbers are not visible to the practice with the exception of the last 4 digits.*

Payment Terms:

- Out-of-pocket expenses and service fees related to patient visits will be charged to the credit card on file at the time of the appointment (unless another form of payment is agreed upon and the visit is paid at the time of service).
- Out-of-pocket charges incurred between visits will be charged to the credit card on file immediately (unless another form of payment is agreed upon and promptly paid). **Please understand that out-of-pocket charges also include no show / late cancellation fees.**
- If your participating insurance policy is subject to deductibles and/or co-insurance that cannot be collected on the date of service, our office will charge you card on file once your carrier provides an Explanation of Benefits (EOB) to the practice designating your financial responsibility for the claim. Charges of this type will only be made to your credit card without your prior notice if, in our sole opinion, the claim was adjudicated correctly. Your insurance carrier will also continue to provide you with an EOB explaining how much of your visit they paid and how much you are responsible to pay.
- If the total amount to be charged is over \$350.00, you will be notified of the exact amount due before charging your card on file. It is expected that you will respond upon receipt of the notification indicating how you would prefer the charge be settled. If no response is returned, the credit card on file will be charged.

The authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to the office in writing and the patient account(s) must be in good standing. Card expiration dates must be kept updated and will not void this written agreement.

I, the undersigned, authorize Raluca Radulescu, M.D., LLC to charge all account balances that are my financial responsibility, as outlined above, to the following credit or debit card:

Visa Mastercard Discover

_____ / _____
Last 4 digits of credit card number Expiration Date

PRINT Cardholder Name

Signature

Date

Patient(s) covered by this Credit Card on File Agreement:	
_____	____/____/____
Patient Name	DOB
_____	____/____/____
Patient Name	DOB
_____	____/____/____
Patient Name	DOB