

CREDIT CARD/DEBIT CARD AUTHORIZATION

Makana North Shore Urgent Care submits claims to insurance carriers as a convenience to all our patients. At this time we request authorization to balance bill a major credit card or debit card to cover amounts determined by your insurance to be your responsibility.

Upon receipt of an explanation of benefits from your insurance carrier any unpaid portion of your claim will be billed to your credit card or debit card. Should insurance pay in full, your account will not be charged.

All credit card/debit card information will remain absolutely confidential and securely stored by **First Data**. **Makana North Shore Urgent Care** will not store any banking account data.

I hereby authorize **Makana North Shore Urgent Care to charge any and all outstanding balances, after insurance company reimbursement or denial, to my credit/debit card. I understand that I will not receive a statement if there is no balance due after processing my credit card for payment.**

Cardholder's Authorization Signature

Date

Our billing department will send you an email approximately seven days before prior to charging your credit/debit card for the remaining patient responsibility. Please legibly print the email address below where you would like to receive this notification. If this email address is not valid you may not receive the notification and your card will still be charged.

EMAIL