



## **CREDIT CARD ON FILE AGREEMENT**

The Denver Spine & Pain Institute has implemented a policy which enables you to maintain your credit card information securely on file with The Denver Spine & Pain Institute. In providing us with your credit card information, you are giving The Denver Spine & Pain Institute permission to automatically charge your credit card on file for co-payments, deductibles, outstanding balance, and services not covered by your insurance company.

Co-payments, deductibles, outstanding balance, and services not covered by your insurance company are due at time of the office visit.

After your insurance company distributes the Explanation of Benefits (EOB), which specifies its portion of your bill and identifies the patient responsibility portion, any remaining balance will be due within (5) days.

The Denver Spine & Pain Institute will notify you via your preferred method of contact, phone and/or e-mail if your card will be charged over (\$200.00). If The Denver Spine & Pain Institute does not receive a response from you or your payment in full, at that time, any balance owed will be charged to your credit card. A receipt for the charge will be e-mailed to you. This process in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

This card will only be authorized for the use of the credit card holder. This agreement will remain in effect unless other payment arrangements are approved by The Denver Spine & Pain Institute.

I, \_\_\_\_\_, authorize Denver Back Pain Specialists, LLC DBA The Denver Spine & Pain Institute to charge this credit card account for payments due on my account for services rendered. I agree to update any information regarding this account as needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_