

CARD ON FILE AGREEMENT

FOR PATIENTS USING INSURANCE

I agree to allow the practice to charge my credit, debit, or health savings account card (whichever is applicable the "Card") that I provided to the practice during the Effective Period, which is one year from the date I signed this Agreement or canceled in accordance with the terms herein, whichever is earlier, for the balance due, as it is determined by the final adjudication of all claims included in this Agreement. I understand that I shall be responsible for the final adjudicated amount, as defined by my insurance company, with the exceptions noted below. I agree to these charges on the Card I provided, subject to the following conditions:

- (i) My Card information will not be stored by the practice. Rather, it will be stored securely by Elavon Inc., a secure credit card processor that partners with the practice's electronic medical record to collect payments, until processing;
- (ii) My Card will be charged upon receipt or within a few days following the date reflected on the final explanation of benefits from the patient's insurance company;
- (iii) Prior to charging the Card on file, I understand that I may change my payment method. If I do not change the payment method, I am authorizing the practice to charge the Card on file;
- (iv) I will receive a receipt for any amounts charged to my Card;
- (v) I may cancel this Agreement at any time by contacting the practice to modify my payment method at support@asyouare.com or by calling (866) 219-8595.

FOR SELF PAY PATIENTS

I agree to allow the practice to charge my credit, debit, or health savings account card (whichever is applicable the "Card") that I provided to the practice during the Effective Period (defined above) for the balance due, as it is determined by the final adjudication of all claims included in this Agreement. I understand that I shall be responsible for the final adjudicated amount, as defined by my insurance company, with the exceptions noted below. I agree to these charges on the Card I provided, subject to the following conditions:

- (i) My Card information will not be stored by the practice. Rather, it will be stored securely by Elavon Inc., a secure credit card processor that partners with the practice's electronic medical record to collect payments, until processing;
- (ii) My Card will be charged, on the 1st day or within a few days, following the date of service provided to the patient;
- (iii) Prior to charging the Card on file, I understand that I may change my payment method. If I do not change the payment method, I am authorizing the practice to charge the Card on file;
- (iv) I will receive a receipt for any amounts charged to my Card;

(v) I may cancel this Agreement at any time by contacting the practice to modify my payment method at support@asyouare.com or by calling (866) 219-8595.

This is not a receipt. This is an agreement to pay for services after the patient's responsibility has been determined. The terms of this Agreement are outlined below.

Maximum Charge Amount in one transaction: \$500.00

My signature acknowledges my agreement with the terms set forth herein.

Patient Name: _____ Date of Birth: _____

Signature (patient or guardian): _____ Date: _____

If Guardian, printed name: _____