



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. After the practice receives the Explanation of Benefits (“EOB”) from my insurance company, it will send an invoice for the remaining patient responsibility. My Card will be charged ten business days after the Invoice date;
- 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 prior to the charge, I am authorizing the practice to charge the Card on file up to \$800 per transaction;
- iv. A receipt will be sent to the e-mail on file any amounts charged to my Card;
- v. I have the right to make any billing disputes or any questions about charges and can use the contact information below to do so; and
- vi. I may cancel this Agreement at any time by contacting the practice to modify my payment method at support@asyouare.com and 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, which is one year from the date of Agreement or canceled in accordance with the terms herein, whichever is earlier, for any balance(s) due. I understand that I shall be responsible for any amounts billed. 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. If the patient did not elect to do a pre-pay discount, the Card will be charged ten business days following the invoice date. If the patient elected to proceed with a pre-pay discount, the Card shall be charged prior to scheduled appointments, in accordance with such agreement;
 - 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 prior to it being charged, I am authorizing the practice to charge the Card on file up to \$800 per transaction;
 - iv. A receipt will be sent to the e-mail on file any amounts charged to my Card;
 - v. I have the right to make any billing disputes or any questions about charges and can use the contact information below to do so; and
 - vi. I may cancel this Agreement at any time by contacting the practice to modify my payment method at support@asyouare.com and 866-219-8595.

This is not a receipt. This is an agreement to pay for services after the patient's responsibility has been determined.

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

Parent/Guardian Signature:

Date:

Support@asyouare.com
866.219.8595
www.AsYouAre.com

Version 3.0 Updated July 2, 2025