



Credit Card on File (CCOF) & Patient Financial Responsibility

At your request, AFC Urgent Care will bill your insurance. Insurance coverage is not a guarantee of payment in full by your insurance carrier. There are associated costs; co-insurance, deductibles, and copays. **These amounts are the patients' responsibility.** Please be aware of the costs that are listed below. We ask that you keep a credit card on file to cover these costs.

Initial each item on the left-hand side:

- ☐ **Copay** - Copays are due upfront, at the time of service. If a copay was due and was not collected, you will be billed after insurance has processed the claim for your visit.
- ☐ **Co-Insurance** - Your insurance may have you pay a percentage of a visit based on your policy details.
- ☐ **Deductible** - If your plan states that you have an unmet deductible for your visit, we will collect a \$175 deposit upfront at the time of service. If your insurance states that you owe more than \$175 for that visit and applies it to your deductible, we will send you a bill for the remaining balance.
- ☐ **Credit Card Authorization** - AFC submits claims to insurance carriers as a courtesy to all of our patients. You should receive an Explanation of Benefits (EOB) from your insurance carrier. Any unpaid portion of the claim will be your responsibility. You should refer to the EOB for coverage questions.
- ☐ AFC requires you to have a card on file to be seen today. Should your insurance carrier pay the claim in full, your card on file will not be charged.
- ☐ ***I hereby authorize AFC to charge outstanding balances, up to \$250.00 per visit after my insurance carrier has provided reimbursement or has denied the claim.***
- ☐ ***I understand that I will be responsible for charges over and above the pre-authorized amount of \$250.00 and will need to make arrangements to pay off the remaining balance. The \$250.00 payment is NOT considered paid in full.***

All payment card information will remain absolutely confidential and securely protected by Elavon, part of US Bancorp, a global leader in financial transaction processing. AFC will not store any banking account data on our system.

Patient Name: _____

Date: _____

Patient / Guardian Cardholder Signature: _____

Date: _____

This AFC location owned and operated by: Uptown Providers PC