



CREDIT CARD ON FILE AGREEMENT

Clarity ENT and Hearsay ENT have implemented a Credit Card on File program. Due to rising deductible amounts, this is an alternative and convenient method of paying for the portion of your services that are applied towards your yearly deductible; co-pays are still due at the time of service.

Effective 2/1/2025, during registration and/or check-in, your credit card information will be obtained and kept securely. After your insurance(s) pay their portion, we will notify you of your outstanding balance. If payment is not received within sixty (60) days, your credit card on file will be automatically charged for the total amount due. We will send you a receipt for the charge to your email as listed below. It is your responsibility to keep your email address up to date with our office.

This “Card on File” program simplifies payment for you and eases the administrative burden on your provider’s office. It reduces paperwork and ultimately helps lower the cost of healthcare. Your statements will be available via your patient portal and our Customer Support line is available to answer any questions about the balance due. If you have any questions about the card on file payment method, please do not hesitate to let us know. The consent will remain effective unless revoked in writing and a new credit card is supplied.

By signing below, I authorize Clarity ENT and Hearsay ENT to keep my signature and my credit card information securely on file in my account. I authorize Clarity ENT and Hearsay ENT to charge my credit card for any outstanding balances when due.

Credit Card Information			
Card Type:	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	Discover <input type="checkbox"/> American Express <input type="checkbox"/>
Last 4 Digits of Credit Card Number:	Exp Date:		
Name on Card:			
Card’s Bill to Address:			
City:	State:	Zip:	Phone:
Cardholder’s Signature:			
E-Mail Receipt to:	@		