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## Credit Card Payment Consent Form

Because of difficulties contacting POA's or relatives when payment is due, **we require a credit card number** on file to charge for payment balances. Many secondary insurers do **not** automatically crossover after Medicare payment is approved. Occasionally, secondary insurers will consider house calls a "non-covered" charge.

I understand that **DoctorCare will charge my credit card** for unpaid balances for Home Visits. These unpaid amounts may include:

1. Unpaid 20% (by secondary insurer) if Medicare pays 80%; or No secondary coverage
2. Medicare denials that cannot be quickly resolved.
3. Annual Deductibles for Primary or Secondary insurer.
4. Secondary insurers that do not automatically cross-over from Medicare: It is the **patient's (POA) responsibility** to get reimbursed the 20% from these insurers.

A paid invoice can be mailed after credit card charges are completed, only **if requested** by patient or POA.

**Any disputes regarding insurance coverage is the patient's or POA responsibility.** DoctorCare does NOT dispute individual insurance coverage with insurance companies. **Payment for house calls is the responsibility of the patient or POA.**

Thank you in advance for your understanding so we can continue to provide this valuable medical service.

Patient Name \_\_\_\_\_

Name on Card \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Credit Card:** Visa    Mastercard    AMEX    Discover

**Credit Card #** \_\_\_\_\_ **Expiration** \_\_\_\_\_

**Patient or POA signature** \_\_\_\_\_  
(Required)