Physicians Now Urgent Care Center
Authorization for Credit Card on File Payment

I, _____, authorize Physicians Now Urgent Care Center to charge my credit card for any outstanding patient responsible balances after applicable insurance reimbursements have been applied for medical services received at Physicians Now Urgent Care Center.

Relationship to the patient: ❑ **Self** ❑ **Parent/Guardian** ❑ **Other:**_____

Check one: ❑ **Visa** ❑ **MasterCard** ❑ **Discover**

Last 4 Digits of my Credit Card: ☐ ☐ ☐ ☐ **Exp. Date (mm/yy):**_____ / _____

- If your balance is over $100 you will receive a courtesy call.
- Declined transaction/closed account:
  - You will be notified by phone by our billing department to provide alternate card for payment.
  - A $50 penalty will be added to all accounts if no alternative payment is provided.
  - An additional monthly late fee charge of $25 will also be applied to any account that is 30 days past due from the date of the failed transaction.

Would you like an emailed receipt? ❑ Yes ❑ No

Email Address:_____

Would you like to keep your credit card on information on file for future visits. ❑ Yes ❑ No
Please note: If you select No, you will be required to fill out a new agreement for each subsequent visit.

Signature:_____ Date:_____

Printed Name:_____

Name of Patient: _____

Management Only:

❑ AWOCCOF _____ ❑ PTSTSCCOF_____

❑ CRBCCOF _____ ❑ Other_____