



Credit Card Policy and Payment Agreement

Due to higher deductibles associated with most health insurance plans, there is now a greater portion of the charge that is deemed the patient's responsibility. **It is the policy of ENT Associates of Santa Barbara to have a credit or debit card on file for all patients. The credit or debit card on file will be used for co-pays, co-insurance, in-office purchases or balances due on your account.**

Your insurance plan is required to send you an Explanation of Benefits (EOB), which will state any balance remaining to be paid by you. If your insurance carrier assigns any additional patient responsibility amounts after the claim is processed, we will then send you a balance notification for that remaining amount which is not covered by your insurance. Should you decide to use an alternate method of payment, please contact our office within ten days from your notification date. **The credit card on file will ONLY be charged if the account goes unpaid 20 days after the date of your outstanding account balance notification.**

This policy is NO different than that of any other business (e.g., car rental or hotel) that asks for a guarantee of payment. Your credit card number is secure and confidential, as is all of your medical record information. If you do not have a credit card to store on file or your card is denied due to security reasons, we ask that you put down a \$100 deposit at time of service.

This will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment. Co-pays will still be due at the time of your visit.

By signing below, I agree to have my credit card charged for any balance that is due **after** my insurance has responded to the billed claims for services rendered by the office of ENT Associates of Santa Barbara. I understand that the office of ENT Associates of Santa Barbara agrees to charge ONLY that which is patient responsibility after billing my insurance. I understand that by signing below, I am not waiving my rights under my credit card company to dispute any charges applied to my credit card. I understand that ENT Associates of Santa Barbara is HIPAA & PCI compliant, and that all information provided is kept confidential and secure.

Check one: ☐ Visa ☐ Mastercard ☐ Other

Account#: _____

Expiration Date: _____

Signature: _____

Name on Credit Card: _____

Today's Date: _____