



Credit\Debit Card Pre-Authorization

Hasting Convent Care P.C. submits patient claims to insurance carriers as a courtesy to our patients.

If your insurance plan does not offer an Urgent Care Co-Pay and processes to Deductible and\or Coinsurance the following **will be required**:

- **\$50 payment up front**
- **AND**
- **Credit\Debit card preauthorization for date of service (pre-authorization is only valid for date of service below)****
- **If Credit/Debit card preauthorization not completed today, \$100 minimum payment up front.**

I hereby authorize Hastings Convenient Care P.C. to charge any and all outstanding balances, after insurance company reimbursement or denial, to my credit\debit card. I understand that I will not receive a statement if there is no balance due after processing my card for payment.

Patient Name: _____ **Date of Birth** _____

Contact Email Address: _____ **@** _____

Authorization Signature: _____ **Date:** _____

**We will attempt to contact you via email 7 days prior to debiting this card. At that time you have the option to submit a payment in a different form by contacting our billing department at 1-866-290-6473. If no balance remains this card will be null and void. Hastings Convenient Care P.C. is not responsible for any overdraft fees that may occur due to this automatic payment. It is the sole responsibility of the cardholder to contact the billing office if this card is not to be used for balances incurred. Hastings Convenient Care P.C. does not store banking account information. All credit\debt card information is stored securely and confidentially by FIRST DATA for 90 days.