



Authorization for Credit Card on File

Date: _____

Patient Name:	
Card holder name:	
Last 4 digits of card:	
Signature:	

I authorize ONE health to keep my credit/debit card information on file. ONE will bill your insurance company first and upon their determination of benefits, we will only charge your credit card when they inform us of patient responsibility. Scenarios in which your card will be charged include but are not limited to:

- missed or canceled appointments without proper notice
- co-payments for date of service
- deductible and co-insurance amounts after insurance has processed your claim
- any non-covered services and/or denial of services allocated to patient responsibility