



Credit Card on File Agreement

Card Holder Information

Name on Card: _____ Company Name: _____

Authorization

As a Client of Agile Occupational Medicine ("Agile") and authorized user of the credit card provided below, agree that Agile can securely maintain our credit card information on file with our merchant services. This information will be securely held and will be used under the following conditions:

- Charge my credit card at the time of my employee's visit for Client authorized services under Agile's Service Agreement.
- Charge my credit card monthly for all authorized services provided to the Client and its employees during the previous month under Agile's Service Agreement.

Additionally, I authorize Agile to charge the credit card on file for outstanding balances as follows:

- Until your insurance provider has paid their portion of your bill or if payment has not been received from the insurance provider in 60 days. At that time, any balance, which you owe to our office for services that have already been rendered, will be charged to your credit card and a receipt will be sent to you.
- Any outstanding balance remaining upon cancelation of Agile's service agreement. Important: This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays and coinsurances are still due at the time of service. I authorize Agile Occupational Medicine to charge any outstanding balance on my account, including employment services under Agile's Service Agreement, co-payments, and coinsurances to the following credit card:

Card Information

Card Type: Mastercard VISA American Express Discover

Last Four Digits

Expiration Date CVC

- Balances over \$_____.00 are not authorized without prior notification.
- I understand that I can cancel this authorization through written notice to Agile Occupational Medicine.

Cardholder Signature: _____ Printed Name: _____ Date: _____

SHRED AFTER ENTERING INTO SECURE MERCHANT SERVICES

Full Card Number