



Debit/Credit/HSA Card Agreement

I, _____ hereby authorize Optimum Mental Healthcare Professionals, LLC to securely store my credit card information for the purpose of processing payments related to my healthcare services. I understand and agree to the following terms and conditions:

1. **Authorization to Charge Credit Card:** I authorize Optimum Mental Healthcare Professionals, LLC to charge my credit card for any outstanding balance on my account unless otherwise agreed upon. Charges may occur 7 to 10 days after a statement is mailed.
2. **Security Measures:** I acknowledge that my credit card information will be stored securely through WRS, affiliated with Global Payment, utilizing encryption and other industry-standard security measures to ensure the confidentiality and protection of my financial information.
3. **Name on Card Relationship:** I confirm that the credit card provided belongs to me and is used for the purpose of paying for healthcare services received by myself or my dependents.
4. **Changes to Credit Card Information:** I understand that it is my responsibility to promptly notify Optimum Mental Healthcare Professionals, LLC of any changes to my credit card information, including but not limited to: card number, expiration date, or billing address.
5. **Withdrawal of Authorization:** I may withdraw my authorization to store and charge my credit card at any time by notifying Optimum Mental Healthcare Professionals, LLC in writing. However, such withdrawal may result in alternative payment arrangements being required for future services.
6. **Dispute Resolution:** In the event of a dispute regarding charges made to my credit card, I agree to first contact Optimum Mental Healthcare Professionals, LLC to attempt to resolve the issue informally. If the matter cannot be resolved informally, I agree that any dispute shall be resolved in accordance with the policies and procedures of Optimum Mental Healthcare Professionals, LLC.

By signing below, I acknowledge that I have read, understood, and agree to the terms and conditions outlined in this Credit Card on File Agreement.

Name on Card (Print): _____

Signature: _____

Date: _____

Patient Full Name _____ **DOB** ____ / ____ / ____

Frequently Asked Questions: Credit Card on File Policy

We understand you may have questions regarding our new Credit Card on File policy at Optimum Mental Healthcare Professionals, LLC. Below are some frequently asked questions to provide clarity on this initiative:

1. How much and when will money be taken from my credit card?

Your credit card will be charged approximately 7 to 10 days after you receive a statement from us, which includes any co-pays, coinsurance, or deductibles related to your healthcare services.

2. How is my credit card information safeguarded?

We take your privacy seriously. Your credit card information is securely stored and managed in compliance with HIPAA regulations through our trusted partner, Global Payments. Industry - standard encryption and security protocols are employed to ensure your information remains safe.

3. What are the benefits of having a credit card on file?

Having your credit card securely on file helps us streamline our billing processes. This reduces administrative work, such as billing reminders and manual payment processing, allowing us to focus more on providing you with excellent care.

4. Why do I have to do this if I always pay my bills on time?

While we appreciate your timely payments, managing the entire billing process manually is time-consuming and costly for our small business. Implementing this policy helps us maintain our status as an in-network provider and manage administrative costs efficiently, ultimately benefiting all our patients.

5. How can I contact you if I have any questions or concerns?

Please feel free to contact our office at 605-716-3609 or email us at Office@OptimumMHP.com with any questions or concerns you may have regarding the Credit Card on File policy. We are here to assist you.

6. Will I still receive a paper statement by mail?

Yes, you will continue to receive a paper statement by mail after your insurance has processed your claims. This statement will detail the services provided and payments made on your behalf. We appreciate your cooperation and understanding as we implement this new policy to enhance our service delivery. Your trust in Optimum Mental Healthcare Professionals, LLC is valued, and we remain committed to providing you with the highest quality of care.