Core Primary Care, PLLC
2244 W Holcombe Boulevard
HOUSTON, TX, 77030-2008
713-636-2621

Card on File Authorization

I agree to allow Core Primary Care, PLLC (the "Practice") to charge my credit card (the "Payment Method") for any patient balance due (up to the Maximum Charge Amount below), for all services provided by the Practice to the patient(s) listed on this Authorization on or after the Effective Date and before the Expiration Date. I acknowledge that:

- My Payment Method will only be charged for the remaining patient responsibility not paid by insurance, after applicable insurance has been applied.
- I will receive a receipt for each payment detailing the amount charged.
- My Payment Method will be charged for services rendered to the Patient (listed above) and any patient(s) who-at the time their charge drops-have combined billing and statements with the above patient (if this functionality has been enabled with the practice).
- If the eligible charge(s) exceed the Maximum Charge Amount, the Practice will bill me directly for any remaining amount beyond the Maximum Charge Amount, and I will be responsible for any such balance.
- My Payment Method information will be securely stored by the Practice and/or the Practice's trusted service providers to facilitate collection of payments.
- I may cancel this Authorization at any time by contacting the Practice. If I cancel, the Practice will bill me directly for any patient responsibility, and I will be responsible for any such amounts.
- If I make any changes to this Card on File Authorization (e.g., by contacting the Practice or via online payment workflows powered by athenahealth, Inc.), such changes will supersede the details included in this Authorization and will automatically amend it.
- All information I have provided in connection with this Authorization is true and accurate. I certify that I am an authorized user of the Payment Method
- Maximum Charge Amount: The maximum amount that may be charged to my Payment Method under this Authorization is $1,500.
- Effective Date: This Authorization becomes effective on the date I sign this Agreement.
- Expiration Date: This Authorization will expire when the Payment Method provided reaches its expiration date, unless I provide updated payment information prior to such date.
- This Authorization will remain valid and apply to any future payment method I provide, unless revoked in writing. If I sign a new version of this Authorization, it will replace any prior versions but will continue to apply to any payment method currently on file unless I revoke it in writing.

Name: _____

Signature: _____

Date: _____