



Southern  
Urogynecology

**Credit Card/Debit Card Authorization  
Credit Card On File Program (CCOF)**

Center for Incontinence and Female Pelvic Medicine

Southern Urogynecology submits claims to insurance carriers as a convenience to all of our patients. At this time, we request authorization to balance bill a major credit card or debit card to cover amounts determined by your insurance to be your responsibility.

Upon receipt of an explanation of benefits from your insurance carrier, any unpaid portion of your claim will be billed to your credit card or debit card. Should insurance pay in full, your account will NOT be charged. We will limit the amount of automatic billing to \$200.00 per transaction. If your patient responsibility balance of any single EOB is greater than \$200.00 we will contact you for authorization.

All credit card/debit card information will remain absolutely confidential and securely stored by Authorize.Net. Southern Urogynecology will not store any banking account data.

By providing an email below, we can email you a receipt of your transaction.

**I hereby authorize Southern Urogynecology 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 credit card for payment. In the event my insurance company determines my responsibility to be greater than \$200.00, I will be contacted for additional authorization.**

**This authorization remains in effect until either the card attached to this authorization expires, or I cancel this authorization in writing. Withdrawals must be received 10 business days in advance of scheduled recurrent payments.**

\_\_\_\_ Yes, please email me a receipt of my transaction.

Authorized Email Address: \_\_\_\_\_

\_\_\_\_\_  
Cardholder's Authorization Signature

\_\_\_\_\_  
Date