
AUTOMATIC CREDIT/DEBIT CARD BILLING AUTHORIZATION

By acknowledging the Terms and Agreements during time of enrollment, you accept the billing and delinquent account policies of Ashewell Medical Group. This agreement authorizes the credit/debit card entered at time of enrollment to be billed automatically on a recurring monthly basis.

DELINQUENT ACCOUNT POLICY

*If account is overdue by 30 days or more, the overdue Patient's status will be changed from active to inactive. The membership status will be maintained at this point. However, no services will be provided to the Inactive Patient until payment is made in full. This will include access to our pharmacy, office visits, referrals, etc.

*If full payment is not received prior to the 60-day mark (2 months of consecutive non-payment), it will be assumed the Patient has chosen to self-terminate and the account will be archived and the associated membership spot with Ashewell will be canceled.

*If a Patient wishes to re-join Ashewell after having been archived and their membership removed, the Patient will need to re-enroll. The re-enrollment process will include payment of any past due balance and a re-enrollment fee equal to 3 months of membership. Applications for re-enrollment will be accepted at the discretion of Ashewell staff.

FOR IN OFFICE ENROLLMENT ONLY:

BY CHECKING THIS BOX PATIENT AGREES TO ASHEWELL MEDICAL GROUP'S BILLING POLICIES.

CREDIT/ DEBIT CARD INFORMATION

This Card Is Linked to An FSA Or HSA Account

Card Type: _____ **Last 4 Digits on Card:** _____ **CVC:** _____ **Exp. Date:** _____

Name on Card: _____

Patient's Signature: _____

Date: _____