



LILAC
NATURAL
MEDICINE

Lilac Natural Medicine, LLC
170 S. River Road, Ste. 102
Bedford, NH 03110
Phone: 603-707-4433
Fax: 888-652-3587

Authorization for Card on File Payment

_____ I understand that effective April 1, 2024, Lilac Natural Medicine, LLC requires patients to have a credit/debit/HSA/FSA card on file for ease of service and prompt payment.

_____ Until further notice, I authorize Lilac Natural Medicine, LLC to charge the patient-responsible balances on my account, **including old balances, no-show and late cancelation fees, co-pays, co-insurance, deductibles, and non-covered services**, to the credit/debit/HSA/FSA card on file. If my card expires, I agree to give a valid replacement card upon request.

_____ I authorize refunds to be issued to my card on file, when applicable.

_____ I understand that once my insurance has paid their portion for my care, I will receive an Explanation of Benefits (EOB) from them, or it will be available on my online insurance account. The insurance plan EOB will state any balance remaining to be paid by me. **I agree that Lilac Natural Medicine, LLC may charge my credit/debit/HSA/FSA card on file for the balance due when they receive a copy of the EOB.**

NOTE: Your card information is not kept on file in this office. It is kept in a secure payment gateway and this office does not have access to the full credit card number once it is entered into the system.

Patient Name

Date of Birth

Patient/Parent/Guardian Signature

Date

Check here to authorize the same card on file for children who are also seen here:

Name(s) of child(ren): _____