Credit Card on File Consent

As the proportion of health insurance plans requiring increased patient payment responsibility grows, Advocare is offering a solution to our patients that makes payments for services rendered easy to manage. This solution will enable Advocare to continue to provide high-quality, cost-effective care, while ensuring that patient balances are paid in a timely manner.

In order to make these payments as efficient as possible, Advocare is providing this consent form to allow your credit card information to be maintained securely to be used when payment is due. These balances will include co-pays, co-insurance and deductibles due to your Advocare provider.

Your credit card numbers will be encrypted and stored securely off-site. No credit card numbers will be stored at Advocare's Care Centers. Using credit card on file, you will be able to:

- Pay balances and co-pays conveniently
- Make payments automatically using your credit card of choice
- Avoid writing checks to pay bills by mail
- Receive notifications and receipts sent via email

Please note that all your rights with respect to the use of your credit card will remain in effect. An alert will be sent to your attention prior to the card being charged to allow time for any inquiries prior to processing. This policy will in no way prevent you from being able to dispute a charge or question your insurance company's determination of payment.

This agreement will apply to the specific Advocare Care Center identified below and is not a global approval for all Care Centers to utilize your card on file. If you receive services at multiple Advocare Care Centers, a separate consent form will need to be completed for each Care Center.

Consent

I hereby authorize my designated credit card to be kept on file in a secure and encrypted manner. I approve Advocare to utilize this card on file for payment of co-pays, co-insurance and deductibles due after insurance payment.

_____ _____

Signature Care Center

_____ _____

Printed Name Date