



ADVANCED  
EYE CARE  
OF TUCSON

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**Credit Card on File Agreement**

Advanced Eye Care of Tucson has implemented a new credit card policy. We kindly request our patients' guardian/guarantor for a credit card which may be used later to pay any balance that may be due on your bill. ***Co-pays are still due at the time of service.*** At check-in, your credit card information will be obtained and kept securely until your insurance(s) have paid their portion and notifies us of the balance due, if any.

The information will be held securely until your insurance has paid their portion of the claim and notified us of any additional amount owed by the patient. At that time, we will notify you that your outstanding balance will be charged to your credit card ***five (5) days*** from the date of the notice. You may call our office if you have a question about your balance. We will send you a receipt for the charge. If you have any questions about the card-on-file payment method, please do not hesitate to let us know



By signing below, I authorize Advanced Eye Care of Tucson to keep my signature and my credit card information securely on-file in my account. I authorize Advanced Eye Care of Tucson to charge my credit card for any outstanding balances when due.

Visa	MasterCard	American Express	Discover
Name on Card (Print): _____			
Cardholder Relationship to Patient: _____			
Last Four Digits of Credit Card Number: _____		Exp. Date: ___/___	
Patient Name: _____			

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_