



3404 W. Cheryl Dr.
Suite A150
Phoenix, AZ 85051

CARD ON FILE AUTHORIZATION AGREEMENT

Terms & Conditions

Maximum Charge Amount: \$300.00

I agree to allow My Buoyant Health to charge my credit card for any amount not covered by insurance (up to the maximum charge amount), for all services related to the appointment identified below. I acknowledge that

- My credit card will be charged upon review of the final explanation of benefits from each applicable insurance company for services provided while this agreement is in effect.
- My Buoyant Health will issue a bill to me for any balance remaining after insurance that is greater than \$300.00.
- My credit card will be stored by Vantiv, a secure credit card processor affiliated with Fifth Third Bank that partners with My Buoyant Health to collect payments.
- I will receive receipts detailing the amount charged.
- I may cancel this agreement at any time by contacting My Buoyant Health; any unpaid amounts relating to the appointment that are not covered by insurance will be billed directly to me.