![A logo for a company

Description automatically generated]()*Card on File: Automatic Payment Option*

To better serve our patients, Bozeman Creek Family Health provides a secure, card on file option for monthly, automatic payments.

Automatic payments will be administered through BillFlash services. Patients can access their BillFlash account by logging onto: [www.myproviderlink.com](http://www.myproviderlink.com). Patients can create an account, or select guest pay for one-time payments.

A patients’ charges will be submitted to the insurance on file. Once the claim has been processed, a minimum payment of $75.00 will be withdrawn on the following billing statement date.

If you would like to pay the balance in full after insurance responds, please initial the following:

Initial:\_\_\_\_\_I agree to pay the full amount due after insurance adjustment & payment.

Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Card Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Security Code (CVV):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Credit Card Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Billing Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Minimum Amt: $75.00*

*Initial:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Bozeman Creek Family Health holds the patient responsible for providing updated and active credit card information, email and billing address. If you are unsure what information you have on file, please contact our office or ask our administration staff. Family members and/or spouses on the same guarantor account will have charges included in the AutoPay.

Signature of Patient/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_