*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.

Please initial one of the following options:

1. Pay full amount of patient responsibility after insurance adjustment.

 Initials:\_\_\_\_\_\_\_

1. Credit card on file will be charged monthly towards account balance.

Initials:\_\_\_\_\_\_\_\_ Max amount withdrawn each month:\_\_\_\_\_\_\_\_\_\_\_\_\_(minimum $75.00)

Printed Patient Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Card on File Information:*

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

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

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

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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_