

Credit Card On File Consent Form

Goffstown Chiropractic Care offers a credit card on file program as a convenient method of paying for the portion of your services that are patient responsibility, such as copays, deductible amounts, and co-insurances. Your credit card information will be kept confidential and secure.

I authorize and request that Goffstown Chiropractic Care charge my credit card on file:

- For any balance due that my health plan has identified as my financial responsibility.
- For my entire balance if no insurance is involved.
- Any balance due if I neglect to stop and check out after my appointment.
- Charges that incur when my children are unaccompanied by me.

Patient Name _____ DOB _____

Signature _____ Date _____