

Virginia Cancer Care

19415 Deerfield Avenue
Suite 107
Leesburg, VA 20176
Phone 703-729-6030
Fax 703-729-1446

1860 Town Center Drive
Suite 260
Reston, VA 20190
Phone 703-794-4400
Fax 703-729-1446

Credit Card on File Agreement

We have implemented a new policy, which enables you to maintain your credit card information on file in our office. This information will be securely held until your insurance provider has paid their portion of your bill and notified us of the amount that is your responsibility. At that time, any balance, which you owe to our office for medical services that have already been performed, will be charged to your credit card. We also will mail you a copy of what charges were paid along with a receipt.

This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays are still due at the time of service.

I authorize VIRGINIA CANCER CARE to charge any outstanding balances on my account, including co-pays, coinsurance, fees for late cancellation of appointments and no show fees to the following credit card:

Please circle one: **Visa** **MasterCard**

Name on Card: _____

Account Number: _____

Expiration Date: _____

3 Digit Security Code: (On Back of Card) _____

Signature: _____

Date: _____

Updated 5/25/2017