Credit Card Authorization

To facilitate uninterrupted treatment and payment processing, Lime Health requires a valid credit card to remain securely on file for all patients who would like access to Direct Billing.

I acknowledge and authorize Lime Health to process charges to the credit card provided without requiring my physical presence or additional signature for each transaction related to:

- Outstanding balances after insurance processing
- Denied or rejected insurance or Extended Health Benefit claims
- Patient-responsible treatment fees not covered by insurance benefits
- Missed or late-cancelled appointments in accordance with clinic policy

I understand that:

- Receipts for charges will be provided upon request.
- My credit card information will be stored securely and handled confidentially in accordance with privacy regulations.
- Lime Health will make reasonable efforts to notify me prior to processing outstanding balances when possible.

Credit Card Information

Name on Card: _____

Card Type: _____

Last 4 Digits: _____

Expiry Date: _____

Patient Acknowledgement & Consent

I have read and understand the above policies regarding financial responsibility, and credit card authorization.

Patient Signature: _____

Date: _____