



15151 NATIONAL AVENUE - LOS GATOS, CALIFORNIA 95032  
Phone: (408) 356-0431 - FAX: (408) 356-8569  
[www.lowmg.com](http://www.lowmg.com)

## Credit Card Authorization to Los Olivos

Los Olivos offers you the opportunity to streamline your billing with our operations by having you grant us authorization to charge your credit card or HSA account after your insurance company has paid for your claim.

Los Olivos will bill your insurance company for all services provided. After your insurance company discounts the claim to the contracted rate and pays its portion, an Explanation of Benefits (EOB) will be sent to Los Olivos and to you, the patient. The EOB explains the Los Olivos contracted write-off, the deductible, and your co-payment. The patient due part is what you owe Los Olivos. With your permission, Los Olivos will charge the patient due portion to your credit card after the EOB has been received. You will receive an email notification with the amount charged. If you have any questions about any fees or charges, please contact the business office at [businessoffice@lowmg.com](mailto:businessoffice@lowmg.com) or (408) 358-4848. The fax is (408) 358-1602.

We appreciate your help in helping us reduce our business costs.

## Credit Card Authorization for Patient Responsibility

I authorize Los Olivos Women's Medical Group, Inc. to charge my credit card, debit card, HSA card, or FSA card with the balance due (patient responsibility) portion of my insurance explanation of benefits (EOB). I understand that I can dispute the charge at any time with Los Olivos Women's Medical Group or the credit card company.

Los Olivos is not responsible for the accuracy of the explanation of benefits (EOB) provided by the insurance company. Any insurance company disputes should be resolved directly with the insurance company.

MC,  Visa,  Discover  Amer. Express    HSA Card?  Yes  No    Security Code: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Is the credit card billing address the same as your home address?  Yes  No

If not the same address, to what is the address the credit card statement is sent?

Alternate Credit Card Address: \_\_\_\_\_

email: \_\_\_\_\_

The above information is kept secure electronically for access by the Business Office.  
You may retract permission for use of your credit card at any time.