Hines Sight
2480 S. Downing, Ste G-30
Denver, CO 80210
T 303-777-3277
F 303-689-9713

Burcham Eyecare Center
750 Potomac, Ste 223
Aurora, CO 80011
T 303-340-4600
F 303-367-8300

Coco Eye Surgery Consulting, dba Hines Sight, Burcham Eyecare, and Optik Shoppe

Credit Card on File Consent Form

For your convenience, our practice offers the option to securely store your credit or debit card ("Card") information on file. With your consent, this information will be used to cover future balances such as copays, coinsurance, deductibles, or other unpaid charges after insurance processing.

This policy helps streamline billing, reduce paperwork, and ensures your account remains current without interruption to your care.

Important Information

- Storing your Card **does not affect your right** to dispute a charge or appeal an insurance determination.
- You will receive a **receipt** each time your Card is charged.
- Your Card information is stored securely and in compliance with **HIPAA** and **PCI-DSS** (Payment Card Industry Data Security Standards).
- You may revoke or update this authorization at any time in writing by notifying our office.

Authorization

I authorize Coco Eye Surgery Consulting dba Hines Sight, Burcham Eyecare, and Optik Shoppe to maintain my Card information on file and charge it for any outstanding balances for which I am financially responsible, after insurance payments and contractual adjustments (if applicable).

This authorization remains valid for as long as I am a patient of the practice and until all account balances have been paid in full.

Patient Name: _____

Signature:_____

Date: _____