2851 Stage Village Cove, Suite 2, Bartlett, TN 38134
Phone (901) 949-9488 · Fax (800) 420-3359

Form 8: Financial Policy & Card-on-File Authorization

For families with commercial insurance only. Families covered by TennCare or TEIS skip this form. Aspire accepts TennCare (Medicaid) through BlueCross BlueShield, UnitedHealthcare, and WellPoint. TennCare and TEIS have no out-of-pocket costs for covered services, and Aspire will never ask those families for a card.

Financial policy

1. **We bill your insurance for you.** Aspire is in network with BlueCross BlueShield and UnitedHealthcare commercial plans.
2. **We check your benefits before every visit** and tell you what we expect you to owe. This is an estimate. Your insurance makes the final decision.
3. **What you may owe:** copays, coinsurance, and any amount that applies to your deductible, as shown on your insurance company's Explanation of Benefits.
4. **Copays are expected at the time of service.** Coinsurance and deductible amounts are billed after your insurance processes the claim, for only the patient amount your insurance says you owe.
5. **Receipts:** you'll get an emailed receipt for every charge.
6. **Changes in coverage.** Please tell us right away about any insurance changes, so we can verify your new benefits and still see your child on the day of service.
7. **Questions about a charge?** Call (901) 949-9488 within 60 days of the charge and we'll review it with you.

Card-on-file authorization

Card details are entered securely through Stripe, Aspire's payment processor, by our front desk team. **Never write a card number on this form.** Aspire does not store your full card number.

I authorize Aspire Therapies, LLC to keep my card on file for my child's copays, coinsurance, deductibles, other patient balances as determined by my insurance, and the no-call/no-show fee described in Form 7. **Aspire will contact me for my permission before processing each payment.** This authorization stays in effect until I cancel it in writing or by phone. Canceling does not cancel any balance already owed.

Field	Answer
Child's name	
Cardholder name	
Last 4 digits of card (filled in by Aspire)	
Cardholder email for receipts	

Cardholder signature _____ **Printed name** _____

Date _____