



SUNSHINE WELLNESS, LLC

Mental & Sexual Health

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Sunshine Wellness Credit Card on File Policy

Credit Card on File Policy & Authorization Form

At Sunshine Wellness LLC, we are committed to making your care convenient and efficient. To streamline billing and reduce paperwork, we require that all patients keep a credit card on file. This policy explains how your information will be used and protected.

Your credit card will be stored in our secure billing and electronic health record system. It will be used only for charges that are your financial responsibility, including:

- Copayments, coinsurance, or deductibles
- Balances not covered by insurance
- Missed or late cancellation fees, if applicable

At the time of service: Payment is due and will be processed at your appointment.

- Outstanding balances: If you have a balance older than 30 days from the date billed, your card will be charged for the amount due.
- Collection attempts: If additional efforts are required to collect overdue balances, a billing fee may apply.

Your credit card information is kept confidential and secure. It is stored electronically within our PCI-compliant billing and electronic health record system. Staff members do not have direct access to your full card number.

- You may request a receipt for every transaction.
- You may update your card information at any time.

5. Agreement & Authorization

By signing below, you acknowledge and agree that:

- Sunshine Wellness LLC may store your credit card information securely.
- Your card may be charged for balances as outlined in this policy.
- You are responsible for keeping your payment information current.

Card Type (circle one): Visa / MasterCard / AmEx / Discover

Patient Name: (AS PRINTED ON CARD) _____

Card Number: _____

Expiration Date (MM/YY): _____ CVV _____

Billing Zip Code: _____

Printed Name: _____ Date: _____

Signature: _____