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Credit Card on File

I agree to allow NP Consultant Mobile Primary care to charge my credit card for any amount for the services rendered and to any amount not covered by the insurance (up to the maximum charge amount), for all services provided NP Consultant. My credit card will be charged upon review of the final explanation of benefits from each applicable insurance company for service provided while this agreement is in effects. My credit card will be saved by Kareo, a secure credit card processor affiliated with U.S bank that partner with NP Consultant, LLC to collect payments. I will receive receipts detailing the amount charged. I may cancel this agreement at any time by contacting NP Consultant. Any unpaid amounts relating to services provided while this agreement is in effects that are not covered by insurance will then be billed to me directly.

*Signature Print Name * * Date*

X _____ X _____ X _____

First Last First Last