



1STOP HEALTHCARE CLINIC

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Extended Health Insurance, WSIB & HCAI (Auto Insurance) Direct Billing Consent/Credit Authorization

I _____, authorize 1Stop Healthcare Clinic to bill my treatments directly through Telus E-Health Solutions Portal, Greenshield, Bluecross provider portal, HCAI, or WSIB e-billing. I understand that 1Stop Healthcare Clinic will bill the insurance company after the service is provided.

I authorize the payment to be directly paid to 1Stop Healthcare Clinic and will notify 1Stop Healthcare Clinic if payments from the insurance company is paid directly to my account.

As the policy holder, it is your responsibility to contact your insurance company and confirm the exact details of your coverage including requirements for physician requisitions. Our front desk staff would be happy to assist you with any questions regarding your insurance coverage for our services.

I understand that if for any reason 1Stop Healthcare Clinic does not receive payment within 30 days of the payment from the insurance company, I authorize 1Stop Healthcare Clinic to bill my credit card for the outstanding balance.

In the event that the credit card payment does not go through, we will submit the outstanding balance to a collection agency that can affect your credit rating score.

Payment Authorization

I _____ hereby authorize 1Stop Healthcare Clinic to charge VISA or Mastercard, No. _____

Exp Date ____/____/____ CSC(3 Digits on the back of the card): _____

I also agree to bring in the STATEMENT that I receive from the insurance company when bringing in all payments I receive.

I fully understand the above and agree to abide by this policy.

X _____

X _____

Patient/Parent/Guardian

Date