

CREDIT CARD ON FILE FORM

Patient Name: _____

DOB: ____/____/____

At _____ Pediatrics we require keeping your credit or debit card on file as a convenient method of payment for the portion of services that your insurance doesn't cover, but for which you are liable. Without this authorization, a billing fee of \$25.00 will be added to your account for any balances that we must attempt to collect through mail and other means. Additionally, in order to carry outstanding balances, we must charge a fee of 1.5% of the total bill for each month that the bill remains unpaid.

In order to avoid such charges, keeping your credit card authorization on file allows us to collect the balance (if any) once your insurer has processed claims for any services rendered. Your credit card information is kept confidential and highly secure and payments to your card are processed only after the claim has been filed and processed by your insurer, and the insurance covered portion of the claim been paid and posted to the account.

I, the undersigned, authorize _____ Pediatrics to charge my credit card for balances due for services rendered that my insurance company **identifies as my financial responsibility**.

This authorization relates to all payments not covered by my insurance company for services provided to my child by _____ Pediatrics.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60-day notification to _____ Pediatrics in writing and the account must be in good standing.

Name: _____

Signature: _____ Date: ____/____/____

Relationship to Patient: _____

I authorize _____ Pediatrics to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

	Amex	Visa	Mastercard	Discover
Credit Card Number	_____	_____	_____	CVV _____
Expiration Date	____/____/____	____/____/____	____/____/____	____/____/____
Cardholder Name	_____	_____	_____	_____
Signature	_____	_____	_____	_____
Billing Address	_____	_____	_____	_____
	City _____	State _____	Zip _____	