



Credit Card on File Agreement

In an effort to improve patient service and office efficiency, ABC Pediatrics, Ltd. has implemented a credit card on file policy. Much like many other businesses such as a hotel or car rental agency, attorney, etc. we have a similar policy where we ask for a credit card which may be used later to pay any balance that may be due on your bill. Copays are due at the time of service.

At check-in, your credit card information will be obtained and kept securely until your insurance has paid its portion and notifies us of the balance due, if any. You will then be sent a statement which you will have 14 days to review and pay your balance. After 14 days, if the balance remains unpaid, we will bill your credit card.

This does not compromise your ability to dispute a charge or question your insurance company's determination of payment. We recommend you contact your insurance company first for any discrepancies.

By signing below, I authorize ABC Pediatrics, Ltd. to keep my signature and my credit card information securely on-file in my account. I authorize ABC Pediatrics, Ltd. to charge my credit card for any outstanding balances when due.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give ABC Pediatrics, Ltd. a new, valid credit card which will allow them to charge over the telephone. Even though ABC Pediatrics, Ltd. is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

Is this a health savings or flexible savings account? Yes No

Name on Card (print): _____

Last Four Digits of Credit Card Number: _____ Exp. Date: _____

Please fill out information below for all patients you authorize this credit card for:

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

Credit Card Holder's Signature: _____ Date: _____

Please check this box if you prefer not to receive a statement and would like us to bill your credit card immediately for any balances due after the processing of your insurance.

Please check this box if you prefer to have a receipt emailed to you after your credit card is charged.