



### Credit Card on File Agreement

Old Tappan Pediatrics is offering a secure and convenient method of payment for the portion of services that your insurance does not cover. We have a new system which enables us to maintain your credit card information securely on file and which can only be accessed under the terms you specify below.

By providing us with your credit card information, you are giving Old Tappan Pediatrics permission to automatically charge your credit card up to a maximum of \$100 for copays and services not covered by your health insurance policy. We will contact you personally and receive your permission to run any payment over \$100.

Keeping a credit card on file will cut costs and increase efficiency by utilizing the technology we have available. The benefits include reducing paper bills, reducing late payment fees, less time checking in and out, and enhanced safety as it reduces the risk of exposure at each visit.

#### **Patient authorization:**

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

Notifications and receipts will be sent through the patient portal.

I authorize Old Tappan Pediatrics to charge the portion of my bill that is my financial responsibility to the following credit card or HSA account.

Cardholder Name (print) \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder email \_\_\_\_\_

Patient Name \_\_\_\_\_

Patient Account # \_\_\_\_\_

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_



Card Type:     Amex                       Visa                       Mastercard                       Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

