



**Credit Card on File Agreement**

**Patient Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

Pediatric Associates offers guarantors of patients the option of authorizing a Credit, FSA, or HSA card to be placed securely on file for future use.

PLEASE NOTE: Upon authorizing a card on file, a temporary hold will be placed on the account to verify that the account is active. This amount will not exceed \$1.50, and should drop off your account within 1-2 business days.

Once a card on file has been authorized, a guarantor, or another authorized individual may choose to charge any balances or copay amounts to the card on file. Users will have the option of charging any applicable balance or copayment amounts to the card that is on file. Users will also have the option of selecting an alternate method of payment at the point of service.

Once your insurance responds to the claim for service, and notifies us of the patient responsibility, the card on file may be used to settle any remaining balance. Before charging any balance to the card on file, a Patient Care Coordinator, will contact the guarantor on the account to obtain consent.

Please review the Financial Policy and Responsible Party Statement for further information. If you have any questions, please see a Patient Care Coordinator.

I accept the card on file agreement as outlined above.

I decline the card on file agreement.

Guarantor Signature: \_\_\_\_\_

Date: \_\_\_\_\_