

CREDIT CARD ON FILE POLICY (Effective 09/01/2017)

At Aasha Pediatrics, we need to keep your credit card or debit card on file as a convenient method of payment for the portion of services that your insurance **does not** cover, but for which you are liable.

Your credit card information is kept in a confidential and secure manner. Your card is **only** charged for the amount that has not been paid by your insurance company and for which you are liable. You will receive a statement from our Billers. You can send in your payment through your patient portal or you can also pay by other usual means. If in a month we do not receive your payment, a second statement will be sent and a late fee of 10% will be charged. You will not receive a third statement. Instead, we will charge the credit card on file. Without this authorization, a second 10% late fee will be added to your third statement. If you still do not pay in a month, then you will be sent to Collections.

In order to keep the credit card information on file, an amount of \$0.01 will be charged on to the credit card once. However, the amount will be refunded once the credit card information is saved.

I (We), the undersigned, authorize and request Aasha Pediatrics to keep my credit card on file, and to charge my credit card for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization will remain in effect until I (we) cancel this authorization. To cancel, I (We) must give a 30 day notification to Aasha Pediatrics in writing and the account must be in good standing.

This credit card on file is to be used for the following patient(s), please print name(s) below:

Patient Full Name: _____ DOB: ____/____/____

Patient Full Name: _____ DOB: ____/____/____

Patient Full Name: _____ DOB: ____/____/____

Signature: _____ Date: _____

Name: _____