



Credit Card of File Agreement

Denville 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 Denville 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 would contact you personally and receive your permission to run any payment over \$100.

Keeping a credit card on file will allow for cost savings and increased efficiency by utilizing the technology we have available. The benefits include reducing paper bills, reducing late payment fees, less time checking out at our office and enhanced security because it eliminates the physical exchange of money or credit cards 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 Denville Pediatrics and the account must be in good standing.

Notifications and receipts will be sent through the patient portal.

I authorize Denville 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 _____

