Credit Card on File Authorization

Patient name: _____ Date: _____

We are excited to offer this innovative, more modern, and efficient program to help you manage your healthcare. With this program, you agree to allow us to charge your credit card for your patient responsibility portions as determined by your health plan. We do not store your credit card information. InstaMed, who already processes your payments, stores the information and we send the charge through their system. More information on this program is available in a handout here in the office, on our website under the Patient Guide, and in the printed Patient Guide which is available in our office upon request.

AUTHORIZATION

Until further notice, I authorize Covenant Care Pediatrics to charge patient responsibility balances (deductibles, coinsurance, copays, non-covered services, cost-sharing, patient due portions, office fees) on my account to the following credit card:

CIRCLE ONE: Visa MasterCard Discover AMEX

Last Four Digits of Credit Card Number: _____ **Exp. Date (mm/yy):** _____/_____

I understand that once the health plan has paid their portion for my care that I will receive an Explanation of Benefits (EOB) from my insurance plan. The health plan EOB will state any balance remaining to be paid by me. I agree that Covenant Care Pediatrics may charge my credit card the balance due when they receive a copy of the EOB. I also understand that Covenant Care Pediatrics may charge my credit card any open balance due as well, if they determine that a prior balance exists.

Signature: _____ **Date:** _____

Printed Name: _____

Email: _____

Patient Name (if different than above): _____

If your credit card expires or becomes unusable, you will need to update us immediately to avoid any additional billing fees.

PLEASE NOTE: When your credit card information is entered, it is encrypted and stored at InstaMed, who already processes your payments. It cannot be viewed or accessed by Covenant Care Pediatrics. InstaMed is a secure and certified healthcare payment provider.