

Credit Card on File

Mill Brook Pediatrics requests that you to keep your credit 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 confidential and payments to your card are processed after the claim has been filed to an active insurance policy, and the insurance portion of the claim has been paid and posted to the account.

If you have no valid insurance your payment will be processed when the balance is due.

Patient Name: _____ Date of birth: _____

I authorize Mill Brook Pediatrics to charge the portion of my bill that is my financial responsibility to the following credit or debit card:

Credit Card Number _____

Expiration Date _____ **Security Code** _____

Cardholders Name _____

Signature _____

I, the undersigned, authorize and request Mill Brook Pediatrics to charge my credit or debit card, indicated above for balances due for services rendered that my insurance company identifies as my financial responsibility.

This authorization relates to all payments not covered by my insurance company for services provided to me by Mill Brook Pediatrics.

This authorization will remain in effect until I cancel this authorization. To cancel I must give a 60 day written notification to Mill Brook Pediatrics and the account must be in good standing.

Name _____

Signature _____

Date _____