



## Farmington Pediatric & Adolescent Medicine Credit Card On File Policy

*Farmington Pediatric & Adolescent Medicine* requires that a valid credit card be kept on file.

The policy is designed to:

- Avoid unnecessary handling of checks, money and credit cards during the COVID pandemic
- Streamline the billing process in our office and eliminate the expenses related to handling overdue accounts
- Focus our time and energy on your children and their medical care

The card information is stored electronically in an encrypted form and **cannot be viewed by our office staff**. Your signature will authorize the card to be used only when your balance becomes past due.

### How the policy works:

1. At the time of your registration or check in, you will be asked for your credit card information to be electronically stored in encrypted form in our computer. Only the last four digits are visible to our staff.
2. We will bill your insurance carrier as a courtesy for all charges related to the visit.
3. Once we receive an explanation of benefits (EOB) form from your insurance carrier, we will send you a statement around the 5th of the following month. If we have not received payment by the end of the month, we will charge the credit card on file for the balance due on statement.
4. If we attempt to use your card and it is declined or has expired, we will send you a new statement with a note attached asking for current credit card information.

**Please remember that this policy does not restrict your right to appeal any charge made to your credit card. Should you feel that we have charged your card in error, please contact our office ASAP. If a mistake has been made, we will reverse the charges.**

I have reviewed a copy of *Farmington Pediatric & Adolescent Medicine's* financial and Credit Card On File policies. I agree to provide my credit card information to *Farmington Pediatric & Adolescent Medicine* for the sole purpose of payment for my child(ren)'s medical care. I have the right to cancel this process and use another form of payment.

\_\_\_\_\_  
Signature of Authorized User

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name as it appears on your Credit Card

\_\_\_\_\_  
Phone number of card holder



Swiped