

Credit Card on File Policy

Bloom Pediatrics requires that a valid Credit Card be kept on file.

The policy is designed to:

- Help avoid all billing related fees
- 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.

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. When we receive an explanation of benefits (EOB) form your insurance, we will send you a statement on the 5th of the following month, or the next business day after the 5th. 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). Your signature will authorize the card to be used **only** when your balance becomes past due. Cardholder will be notified when this occurs.
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, you may contact our office ASAP. If a mistake has been made, we will reverse the charges.

I have reviewed a copy of Bloom Pediatrics Practice, Financial and Credit Card on File Policies. I agree to provide my credit card information to Bloom Pediatrics 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

Print Name as it appears on your Credit Card

Phone # of Cardholder

Until further notice, I _____ authorize Bloom Pediatrics to charge the patient-responsible balances on my account to the following credit card:

Credit Card #: _____ Expiration date (mm/yy): _____

Security code: _____ Card type (circle one): Master Card Visa Discover American Express