Credit Card on File Policy
Effective 09/01/2025

Dear Parent/Patient:

This letter is to inform you of the billing practice that our office has implemented to reduce the need for phone calls from our staff about balances on your account. It is our policy to have a valid credit card on file. It is kept on site and stored in a HIPAA compliant secure file. Your card will only be charged if you have an open balance after your insurance has been billed and processed. We will notify you if there is an issue with an unpaid claim so we may work together to resolve it. A receipt of the payment can be downloaded through our Patient Portal or provided to you upon request.

PLEASE COMPLETE ONE OF THE FOLLOWING OPTIONS:

1. **Accepting Credit Card on File Processing:**

I, _____authorize Conejo Children's Medical Group to charge my credit card for any outstanding balances on my account on the following credit card:

VISA ☐ MC ☐ AMEX ☐ DISCOVER ☐

Credit Card#_____Exp. Date:_____

CVV Code:_____ Name on card:_____

Please list all names of patients:_____

Signature:_____Date_____

2. **Declining Credit Card on File:**

We understand some patients may not want to relinquish this information, and we respect that decision. However, those patients who do not provide us with a valid credit card on file will be assessed a $25.00/month administration fee on any outstanding balance over 30 days.

I, _____ decline providing a credit card on my file and understand I will be assessed a $25 a month administration fee for any balance on my account past 30 days.

Please list all names of patients:_____

Signature_____ Date _____