CREDIT CARD ON FILE CONSENT FORM

We now use a service, Instamed, that gives us the ability to swipe your credit card, debit card or health savings account card and accept a payment in the office at the time of service or at a later date. The credit card number is securely stored on a remote server with Instamed and is not visible to us. If you permit us to store your credit card, we can use it for future payments including when your insurance company denies the claim.

We will notify you if your balance due is over $100.00 after receiving the explanation from your insurance company. You will have 48 hours to discuss any questions or concerns, and if we do not hear from you within that time, we will charge your credit card, debit card, or health savings account (HSA) card. Our billing department will send you a receipt of any charges that are made to your card.

Please indicate below how you would like to be notified:

Phone #:_____

OR

Email#:_____

By signing below, you are agreeing to keep a credit card on file for future payments.

Your child's name (please print)

Your name (please print) and signature Today's date

Please circle the type of card below:

MASTERCARD VISA