PRESTON HOLLOW
PEDIATRICS

CREDIT CARD ON FILE CONSENT FORM

Effective January 1, 2026, we have implemented a policy that requires a credit card on file.

As you may be aware, the current healthcare market has led to insurance policies increasingly shifting costs to you, the insured. Many insurance plans require deductibles, coinsurance, copayments, and/or non-covered services that are not known to you or us at the time of your visit.

We now require a credit card on file to streamline payments by automatically collecting patient responsibility after insurance has processed a claim. You should expect a copy of your EOB (explanation of benefits) from your insurance company. At this time, we will continue to send a statement via mail, as well as display your balance in the patient portal.

This card will be charged for the following reasons:

- Visit payments not collected from you at the beginning of your visit
- Pending deductibles
- Non-covered charges (including charges for forms, refills, and missed appointments)
- Insurance discrepancies that are not resolved within 90 days of the date of service
- Outstanding balance greater than 90 days past due

We use CardPointe merchant services, with secure data encryption and tokenization to protect sensitive customer data.

Our billing department will post a copy of your receipt to your patient portal for any charges that are made to your card.

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

Patient Printed Name: _____ DOB: _____

Printed Name of Cardholder: _____

Signature of Cardholder: _____ Today's Date: _____

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