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## Credit Card/ACH On File Policy - Required

To simplify the billing process and reduce the need for mailed statements, Ponderosa Pediatrics requires a credit or debit card or ACH to be securely kept on file for patient accounts.

All credit card and ACH information is securely stored in our **PCI-compliant payment system**. Our office does not have access to full card numbers or checking account numbers once they are stored.

### Authorization

By signing this form, I authorize Ponderosa Pediatrics to securely keep my credit or debit card on file and to charge the card for amounts that are my financial responsibility.

Charges may include, but are not limited to:

- Copayments
- Deductibles
- Coinsurance
- Balances remaining after insurance processing
- Missed appointment fees
- Patient balances due on the account

Whenever possible, Ponderosa Pediatrics will notify families before processing charges **greater than \$100** to the card on file.

This authorization applies to **all current and future patients listed under my guarantor account**. This authorization will remain in effect until the patient account is closed, or written notification is received requesting removal of the card on file.

Patient Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Name on Card/Account: \_\_\_\_\_

Last 4 digits of the number: \_\_\_\_\_

Payment receipts should be sent to the following email address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_