



Credit Card on File Policy

Pediatric & Adolescent Care, LLP 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

Credit card information is stored electronically in an encrypted form and **cannot be viewed by office staff.**

Your signature will authorize credit card charges **only** when your balance becomes past due.

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 on our computer. Only the last four digits are visible to our staff.
2. We will bill participating insurance plans for all charges related to the visit.
3. When we receive an explanation of benefits (EOB) from your insurance, we will send you a statement once a month. 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).
4. If we attempt to use your card and it is declined, 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, please contact our office as soon as possible. If a mistake has been made, we will reverse the charges.

I have reviewed a copy of Pediatric & Adolescent Care's Financial and Credit Card on File Policies. I agree to provide my credit card information 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

Until further notice, I _____ authorize Pediatric & Adolescent Care to charge the patient-responsible balances on my account to the following credit card:

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

Security code: _____ Email for receipt: _____

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