



Credit Card on File Policy
Effective 01/01/2016

Dear Patient:

This letter is to inform you of a new billing practice that our office is implementing to reduce the need for phone calls and letters from our staff regarding balances on your account. It is now our policy to have a valid credit card on file. It is kept on site and stored in a HIPPA compliant program within our PCI compliant office. Your credit card will only be charged at the end of a billing cycle if you have an open balance (i.e. Copay, Deductible, Coinsurance, Non-Covered Services, No Show Fee, etc). A receipt of payment can be downloaded through our Patient Portal or provided to you upon request.

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: _____

Signature: _____ Date: _____

Patient(s) name(s) _____

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/month administration fee.*

I, _____, decline providing a credit card on file and agree to be assessed a \$25 monthly administration fee for any balance on my account.

Signature _____ Date: _____