



**busybeepediatrics™**

520 east medical drive • #301 • bountiful • utah • 84010 • www.busybeepediatrics.com

Credit Card “on file” Policy

Busy Bee Pediatrics provides excellent care for your child and is happy to partner with you as part of your family’s medical team. Although we prefer to spend most of our day and resources attending to your child’s medical needs, we want to make sure that aspects of our medical office billing are as up-to-date as possible. We have started a new credit card “on file” policy. Because most families now carry medical insurance, this process will make it easy and efficient for your deductible charges (due after the insurance pays their part of your child’s coverage) to be paid to us for the medical care we provide to your child.

As of January 1, 2016 we ask that you provide your credit card number upon check-in. We securely retain your credit card information and all information will remain confidential. (We hold your credit card number similar to when reserving a hotel room, rental car or signing up for a service like PayPal, iTunes or Apple Pay)

*You will still receive an EOB (explanation of benefits) statement from your insurance company, according to your plan and coverage. Your insurance company representative can help answer your questions about your deductible payments. As always your ability to dispute a charge or question your insurance company’s determination of payment will not be affected or compromised in any way.*

About a week after your insurance company pays for their portion of your child’s care and has notified us of any portion for which you are responsible – we will bill your card. Any remaining balance owed by you will thus be taken care of easily straight from our office. Copays, as usual, will still be due at the time of any visit. We will send you a copy of your payment by email (or mail) to notify you that the charges are all complete. This will keep it easy for you and be efficient for us.

I have read and understand the above policy and agree to allow Busy Bee Pediatrics, Inc. to bill my credit card for the portion of my child’s medical care service that my insurance company does not pay.

*Credit Card Authorization Information:*

Credit Card Type: VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AMX \_\_\_\_\_ Discover \_\_\_\_\_

**Credit Card Number** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

Responsible party name (print): \_\_\_\_\_

Responsible party signature: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Office Use: \_\_\_\_\_