



Credit Card Consent

We are excited to be using a credit card merchant service which lets you use your credit card, debit card or health savings account card to provide payments in the office, satisfy any balance you might have after the insurance company has paid their portion AND which allows us to refund promptly any CREDITS due to you!

This system allows us to securely store your card number on a remote server in order to satisfy any patient balance OR refund promptly any credits due to your account! Your full card number is NOT visible nor is it stored in our office.

After your child's office visit, you may still have a balance remaining on your account once the insurance company has paid us on your behalf for your child's medical services. Reasons for a remaining balance include:

- Your deductible has not yet been met for the current fiscal year
- You may have had a co-insurance that had not been made
- The provided medical care or service may not have been a covered benefit on your plan
- Your policy had been terminated or inactive at the time the medical service was provided
- Your newborn had not been added to your policy or was not covered under the parents' benefits.

After we receive the explanation of benefits (EOB) from your insurance company for a specific date of medical service, we will charge your account for the outstanding balance (called "patient responsibility" by most insurance companies). Please be sure that you have reviewed the EOB your insurance company provides you and let us know immediately if you have any questions about the charges incurred.

Also please let us know immediately if your credit/debit/HSA card information has changed or is no longer active.

By signing below, I authorize Tuka Pediatrics to keep an encrypted credit/debit/HSA card number on file with Instamed to use for future payments and to charge all balances accrued for this guarantor with the information saved. I further authorize Tuka Pediatrics to use the same information to post any CREDITS due to me on that account. I am aware that this authorization may be revoked in writing at any time. This revocation will not apply to any charges already incurred.

Print Guarantor name : _____

Guarantor Signature
