



Hirsch Pediatrics Financial Policy Update Credit Card on File Authorization

Hirsch Pediatrics always strives to provide the highest quality, family-centered care. To continuously improve our ability to provide the best possible care we have updated our financial policies as of October 2023 to require a credit card on file for current and outstanding charges that your insurance does not cover but for which you are liable.

What are the advantages of keeping a credit card on file?

- Quicker check-ins at your appointments.
- Easier payments of balances with no paper bills to mail.
- Easier refunds or credits to your credit card.
- **Streamline the outstanding balance collection process for Hirsch Pediatrics so we can focus our time and energy on your family's healthcare!**

Your credit card information is kept confidential and highly secure by our third party credit card merchant that is subject to all state and federal data protection laws. Hirsch Pediatrics does not store nor have access to any credit card numbers. Payments will only be processed after the claim has been filed and processed by your insurer, and the insurance covered portion of the claim has been paid and posted to your account.

Before your credit card is charged you will receive an electronic copy of any outstanding bill by Patient Portal and will have 14 days to notify Hirsch Pediatrics if you have any questions about the bill before my credit card is charged.

Without this authorization a billing fee of \$10.00 per month per statement will be added to your account for any balances that we have to collect through mail, phone call, or other means.

If your credit card is declined, please provide Hirsch Pediatrics updated credit card information within 7 days of being notified, or you will receive a paper statement in the mail with a \$10 per month statement fee.

I authorize Hirsch Pediatrics to charge the portion of my bill that is my financial responsibility to my credit or debit card. This authorization will remain in effect until I can cancel this authorization. To cancel, I must give a 60-day notification to Hirsch Pediatrics in writing and all accounts must be in good standing.

Patient name(s): _____

Parent Name: _____

Signature: _____ **Date:** _____