



### **Credit Card on File Agreement**

We can securely maintain your credit card information on file with our merchant services. This information will be securely held until your insurance provider has paid their portion of your bill or if payment has not been received from the insurance provider in 60 days. At that time, any balance, which you owe to our office for services that have already been rendered, will be charged to your credit card and a receipt will be sent to you.

This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays and coinsurances are still due at the time of service.

**I authorize Just For Kids Pediatric Dentistry, P.A. to charge any outstanding balance on my account, including co-payments and coinsurances to the following credit card:**

**VISA    MASTERCARD    AMEX    DISCOVER**

**Name on card:** \_\_\_\_\_

**Last 4 Digits of Card Number:** \_\_\_\_\_

**Expiration date:** \_\_\_\_\_

**3 Digit Code (on back of card):** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**If the balance is over \$\_\_\_\_\_ your card will not be ran without prior notification.**

**I understand that I can cancel this authorization through written notice to Just For Kids Pediatric Dentistry, P.A.**

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*SHRED AFTER ENTERED INTO SECURE MERCHANT SERVICES*

**FULL CREDIT CARD #** \_\_\_\_\_