Kids First

PEDIATRIC + URGENT CARE

KIDS FIRST EASYPAY

1. At the time of registration or check-in, you will be asked for your credit card information to be electronically stored in encrypted form in our computer. Only the last four digits are visible to our staff.
2. We will bill your insurance carrier as a courtesy for all charges related to the visit.
3. When we receive an explanation of benefits (EOB) from your insurance, we will send you a statement the following week. If we have not received payment within 14 days, we will charge the credit card on file for any balance up to $200.
4. For any balances over $200, we will contact you to discuss payment terms.
5. If Kids First attempts to use your card and it is declined or has expired, Kids First will send you a new statement with a note asking for current credit card information.

Please remember that this policy does not restrict your right to appeal any charge made to your credit card. Should you feel that we have charged your card in error, you may contact our office ASAP. If a mistake has been made, we will reverse the charges.

CREDIT CARD AUTHORIZATION

I authorize Kids First to charge my unpaid co-payment, work-in charges and/or balances due under $200 to the credit card listed below. Any balance over $200 we are required to contact you to discuss payment terms.

This authorization will remain in force on each of my children's accounts until they are no longer patients of Kids First or until a written request by the cardholder instructing the practice to remove the authorization.

VISA MC DIS AMEX _____ _____

Please circle **Last-4 Digits** of Card Number Name on the Card

_____ _____

Cardholder Signature Date of Authorization

_____

Cardholder Email Address for all payment receipts

_____

PCC Account #