

Ivy Pediatrics, PA PedEmerge

Easy Pay Consent Form

I authorize Ivy Pediatrics, PA / PedEmerge to charge my credit or debit card listed below for the following:

- Copays or co-insurance
- Deductibles
- Balance of charges unpaid
- Services not covered under my insurance plan

We will charge your credit/debit card in the following cases only:

- a. You directly authorize us, or
- b. We have sent you 2 statements and the balance is not paid, or
- c. Your balance is 90 days past due

Your credit card is secure with us. Our system does not store your full credit card number. Once your card is swiped and approved by our credit card processor, our system saves only the last 4 digits of your card number and the expiration date providing unparalleled security and peace of mind.

I understand the form is valid until the expiration date of the listed card unless I cancel the authorization by written request.

Receipt will be provided with the statement of charges.

Patient Name (s): _____

Card Holder Name: _____

Card Holder Signature: _____

Today's Date: _____