



Credit Card on File Agreement (CCOF)

Beginning January 1, 2025, Heritage Pediatrics, PLLC is implementing a credit/debit card on file policy. This makes payment of your co-payments and balances simpler and reduces the need to pay bills manually at home. It also streamlines the billing process efficiently. Payment plans are available on request for financial hardship. CCOF will be required on 1/1/26.

Heritage Pediatrics will securely maintain your credit card on file with our merchant servicer. This information will be held for this/these purpose(s):

1. Co-payment and/or account balance at time of visit (with verbal consent)
2. Your insurance has paid their portion of your bill and a personal balance is due (per policy after 28 days)



If you have questions about our full CCOF policy, it is posted on our website here:

Name on Card (print): _____

Last Four Digits of Credit Card Number: _____ Exp. Date: _____

Email: _____
(for receipt of payment)

Please fill out information below for all patients you authorize this credit card for:

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

Patient's Full Name (print): _____ DOB: _____

I authorize Heritage Pediatrics, PLLC, to charge my credit/debit card, as provided, for balances due on services rendered that my insurance company identifies as my financial responsibility AND I agree to provide Heritage Pediatrics, PLLC with an updated credit/debit should the card on file become invalid.

Credit Card Holder's Signature: _____ Date: _____