



HERITAGE
PEDIATRICS, PLLC

8031 Broadway
San Antonio, Texas 78209
www.HeritagePediatrics.com
Phone: (210) 804-2301
Fax: (210) 805-9523

Credit Card on File Agreement

Effective January 1, 2026, Heritage Pediatrics, PLLC requires a valid credit or debit card on file for all patient accounts. This agreement authorizes Heritage Pediatrics to securely store and charge a card for balances owed in accordance with the Financial Policy.

The purpose of this agreement is to:

- Ensure timely payment for services rendered,
- Reduce billing delays and administrative costs
- Provide a clear and predictable payment process for families

This agreement **does not replace or modify** the Financial Policy. All determinations of financial responsibility are governed by the Financial Policy.

The full CCOF Policy 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 securely maintain my credit or debit card on file and to charge this card for balances determined to be my responsibility as the Parent or Legal Guardian, in accordance with the Financial Policy. This authorization applies only to patient(s) for whom I am identified as the financially responsible Parent or Legal Guardian on the Household Patient Demographics Information Form

Credit Card Holder's Signature: _____ Date: _____