



## 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: \_\_\_\_\_

*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: \_\_\_\_\_