



# NORTHWESTERN CHILDREN'S PRACTICE

## CREDIT CARD AUTHORIZATION FORM

Our practice requires you to provide your credit/debit card information on file for payment of any co-payment, co-insurance, deductible, or charges that may not be covered by your health insurance. This form will be kept confidential and only authorized staff has access to the information. We store financial information and other protected health information in an encrypted, [HIPAA compliant site](#).

*The Northwestern Children's Practice has my authorization to charge my credit/debit for the following:*

- Copayment due at time of service. (If you would like us to charge your card on file, please let us know at check-in)
- Failure of insurance company to pay its portion within 90 days from date of service due to missing coordination of benefits or other information from parents. If your insurance company subsequently sends us payment, we will refund your credit/debit. *Call 630-285-1530 for questions about billing.*
- \$50 for telephone advice when the office is closed.
- \$50 (per child) for failure to notify us more than 24hrs prior to the visit to cancel appointment.
- \$10 per child for health/camp forms not presented at the time of an office visit.
- \$35 fee for returned check.

I realize that it is my responsibility to determine whether my provider at *The Northwestern Children's Practice* is a participant in my insurance plan. I accept the financial responsibility to register my child with my insurance company and provide my insurance company with the necessary information such as coordination of benefits. I accept the responsibility to notify the office of any changes of insurance, home address and primary telephone number.

I accept the responsibility to determine my insurance information such as patient responsibility, maximum benefits, covered benefits, deductibles, copays and the status of my account and I agree to pay the copays deductibles, and balances due of all the charges not paid for by my insurance coverage.

I am acknowledging that I have read and understand the credit card authorization and financial policy.

Printed Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Printed Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Printed Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

\_\_\_\_\_  
(Cardholder Full Name)

\_\_\_\_\_  
(Signature of Cardholder)

Credit Card Number: \_\_\_\_\_ Exp date: \_\_\_\_/\_\_\_\_

CCV Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_