JUNE PEDIATRIC CONSULTING
Holly Stafford DNP, ARNP, CPNP-PC
Pediatric Behavioral and Mental Health Services

1700 NW Gilman Blvd. Suite 205 Issaquah, WA 98027 ♦ (425) 657-8880 ♦ Holly@JunePC.com

## CREDIT CARD ON FILE POLICY

As a condition to providing treatment, June Pediatric Consulting, PLLC requires you to provide a valid credit card number to keep on file in order to secure payment for the portion of services that your insurance company will not cover, but for which you are responsible.

Your credit card information will be kept confidential and secure and only authorized staff will have access to the information as necessary to manage your account balance. Your supplied credit card will be charged only under the following circumstances:

1. After your claims have been processed by your insurer, and your insurance company determines your responsibility for any amounts due for the services you have received.
2. For all current patient balances, including co-pays, deductibles, co-insurance and charges not allowed by your insurance company.

**Authorization:**
I authorize The Center for Child Development, Inc. to charge the portion of my bill that is my financial responsibility to the following credit card:

☐ Amex ☐ Visa ☐ Mastercard

Name on Credit Card: _____

Credit Card Number: _____

CVV Code: _____

Expiration Date (month/year): _____ /_____

Billing Address: _____

_____

_____

I, the undersigned, authorize and request June Pediatric Consulting, PLLC to charge my credit card, indicated above, for balances due for services rendered that my insurance company identifies as my financial responsibility. This authorization relates to all payments not covered by my insurance company for services provided to me by June Pediatric Consulting, PLLC. This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to June Pediatric Consulting, PLLC in writing and the account must be in good standing.

Date: _____ / _____ / _____

Client Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____