

**Jimmy Test**

DOB: 07/22/2019

Age: 2

Gender: Female

Chief Complaint: Dental Pre-op

## PATIENT REPORT



Date of Visit: 11/30/2020 10:40 AM

### Card on File

#### CardOnFile Policy

This Card-on-File Agreement authorizes Bulloch Pediatrics, PC to store your payment information and automatically charge your credit card when balances are due. Please read these terms and conditions carefully. By clicking the button to submit, you agree to these terms and conditions.

**Signing this agreement does not compromise your ability to dispute a charge or appeal your insurance company's determination of payment.** Bulloch Pediatrics, PC will notify you of any material changes to this agreement by email or mail.

I agree to the following conditions:

- | I agree to allow Bulloch Pediatrics, PC to automatically charge my credit card(s) on file for balances due for medical services rendered, in the amounts determined by my insurance company and/or the practice for each transaction.
- | The amount charged to my card will not exceed \$100.00 per charge.
- | My credit card(s) will be stored by a secure payment processor that partners with Bulloch Pediatrics, PC to collect payments. My credit card number(s) will be encrypted and will not be visible to any users within the practice.
- | I will receive a receipt for any charges to my card(s).
- | All transactions will be in US dollars, unless otherwise noted.
- | I may cancel this agreement at any time by contacting Bulloch Pediatrics, PC

If you have any questions relating to this agreement or any charges, please contact Bulloch Pediatrics, PC

- I Accept  
 I Decline

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