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Bradford, VT 05033
Phone: (802) 222-4722
Fax: (866) 359-0233
[Main Office]



332 Route 113
East Thetford, VT 05043
Phone: (802) 785-4722
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[Satellite Office]

Pediatric & Adolescent Healthcare

Credit Card Authorization

I authorize Upper Valley Pediatrics PLLC to securely store my credit card information and charge my card for:

- Copays, coinsurances, and deductible amounts as determined by my insurance carrier
- Self-Pay balance and any outstanding charges not covered by insurance
- Missed appointment fees, per the practices cancellation policy
- To charge any of the above balance under \$200 and anything over \$200 must be discussed with me prior

I understand:

- My Credit Card information will be stored securely and encrypted in accordance with PCI compliance standards
- Charges will be made only after claims have been processed by my insurance provider and I have been notified of any outstanding balance.
- I may revoke this authorization at any time by submitting a written request to the practice
- This authorization will remain in effect for all the children under my account until revoke or until the expiration of the credit card on file

VISA MC DIS AMEX Last 4 digits: _____ Cardholders Name: _____

PCC Family Account: _____ Cardholders Email: _____

Cardholders Signature: _____ Date: _____