ALL CARE PEDIATRICS, PA

Infants - Children - Adolescents

90 Millburn Ave., Suite 101 Millburn, NJ 07041

Telephone: (973) 378-7990 Fax: (973) 378-7991 allcarepediatricsnj.com

EASY PAY PROGRAM

Easy Pay is a convenient way to have your bills automatically paid with a credit card of your choice. It allows our patients to keep their credit card information on file, authorizing the billing office to charge agreed amounts on a monthly basis. The information is always kept confidential.

Easy Pay accounts are reviewed and charged on the 30th of each month, providing the 30th is not a weekend or holiday, in which case accounts are charged the preceding business day. Receipts will be furnished upon request.

Please be assured that the billing office has been offering this convenient service for a number of years with many satisfied participants.

Should you wish to participate with Easy Pay, please complete this authorization form and return it in the green envelope?

BILLING DEPARTMENT

For office use only:

DATE	ACCT#	AMOUNT	DATE	ACCT#	AMOUNT

Last Update: 01/30/2023

PATIENT EASY PAY CONSENT

I authorize the office of All Care Pediatrics PA to keep my signature on file, and charge my:

VISA #	Exp. Date	_ 3 digit code on back of card	
AMEX #	Exp. Date	4 digit code on front of card	
MC #	Exp. Date	_ 3 digit code on back of card	
DISC #	Exp. Date	3 digit code on back of card	
\square for the entire patient balance.			
\Box for all visits until the expiration date of co	ard, not to exceed \$	per month.	
□ for date of service amo	ount \$ da	te card to be charged on	·
Patient's Name:		,	
Cardholder's Printed Name:			
Billing Address:			
Cardholder's Phone #:			
Relationship to Patient (Please print): _			
Cardholder's Signature:		Date:	
Email Address:			
		ve a written cancellation request. dded once the agreement is fulfilled.	•
For office use only			