

**Reston Town Center Pediatrics**  
**Credit Card on File (CCPF) Consent Form**

You may use your credit card on file to pay your co-pay or any outstanding balance due at the time you are seen in the office. Once the claim is reviewed by the insurance company, you will receive an Explanation of benefits (usually a week or two before we receive the same document). If the amount due to Reston Town Center Pediatrics is less than \$150, we will bill the card on file without prior notification. Our Billing Department will then send you an emailed receipt of any charges that are made to your card via our patient portal. If, however, the balance is \$150 or more, we will notify you via the method you select below. You will have 3 business days to discuss any questions or concerns with our billing department, and if we do not hear from you within that time, we will charge your credit card, debit card, or health savings account (HAS) card, the amount due to Reston Town Center Pediatrics based on the Explanation of Benefits.

Please indicate below how you would like to be notified if the balance is above \$150:

Phone Number: \_\_\_\_\_

Or Email Address: \_\_\_\_\_

By Signing below, you are agreeing to keep a credit card on file for future payments.

---

Your Signature	Print Name	Today's Date
----------------	------------	--------------

Your child's name (please list all children) – please print:

---

- Check Type of Card
- DISCOVER
  - MASTERCARD
  - VISA
  - DEBIT CARD
  - HEALTH SAVINGS ACCOUNT CARD (HSA)