

Town & Country Pediatrics, PC  
3009 N. Ballas, Suite 141A  
Town & Country, MO 63131  
Office (314) 994-0209  
Fax (314) 994-9130

To all Town & Country Pediatrics patients:

We are excited to offer our patients a new way to make life easier for you!

You can now make arrangements for your health care bills to automatically be charged to your credit card. This means one less bill you have to write a check for.

Many patients appreciate the ease of automatic payment payments, knowing there are safeguards to protect them from misuse. Plus there is no worry about re-billing fees being added to your account because your payment arrived a few days late.

With our **Automatic Credit Card Payment** program, we will charge the credit card/debit card of your choice each month for the previous month's activity.

Naturally, if you enjoy writing checks each month, you can continue to pay your bill just as you have in the past.

We've enclosed more information about this program, plus sign-up materials.

Sincerely,

Billing/Collection Department

## MAKE IT EASY ON YOURSELF

Save yourself the time and bother of writing a check and finding a stamp to make your payment.

Fill out the authorization agreement, and return to us. After that, we will automatically make your payment for you.

## AUTOMATIC PAYMENT PLAN

The most commonly asked questions about Town & Country Pediatrics payment plan.

### 1. **What is the Automatic Payment Plan ?**

The Automatic Payment Plan is a convenient way to make your payment. Town & Country Pediatrics receives your payment as authorized by you by directly charging your credit card or debit card for the amount of your balance. There are no checks to write.

### 2. **How will I know how much will be deducted from my account and on what date?**

The amount of your copay will be deducted on the date of service. The amount of any deductible/co-insurance will be deducted from your credit/debit card on or after the 20<sup>th</sup> of the month.

### 3. **What if I discover an error has been made after charges have been applied against my account ?**

You should contact Town & Country Pediatrics immediately.

### 4. **Will I get a receipt?**

You will receive a receipt on the date of service, or it will be mailed to you along with your monthly statement.

### 5. **How can I be sure that there will not be any unauthorized charges against my account:**

You are protected by federal regulations governing electric transfers which are subject to stringent safeguards.

### 6. **How do I sign up?**

Return the authorization agreement and we will take care of the rest.

### 7. **What if I want to cancel the Automatic Payment Plan?**

You may cancel the Automatic Payment Plan at any time by sending Town & Country Pediatrics written notice 10 days in advance.

### 8. **What happens if I want to charge another account?**

You must notify Town & Country Pediatrics of the new account information.

## AUTOMATIC PAYMENT PLAN

Town & Country Pediatrics, PC  
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I authorize Town & Country Pediatrics to automatically charge my credit card (Visa, Mastercard, Discover, American Express) listed below for the items listed on the monthly statements for:

Patient Name	DOB
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This authorization will remain in effect until I cancel in writing.

***Please check all that apply:***

<input type="checkbox"/>	I authorize payment for office visit copay's
<input type="checkbox"/>	I authorize payment for any remaining balance after insurance has been billed. (co-insurance, deductible, non-covered charges, etc)
<input type="checkbox"/>	I authorize a maximum charge of \$ _____
<input type="checkbox"/>	No minimum or maximum limit

CARD TYPE	CARD NUMBER	3 DIGIT SECURITY CODE	EXPIRATION DATE
VISA	_____	_____	_____
MASTERCARD	_____	_____	_____
DISCOVER	_____	_____	_____
AMERICAN EXPRESS	_____	_____	_____

Name as it appears on the card \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Home Address: \_\_\_\_\_  
 \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_