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## ONGOING CREDIT CARD CHARGE AUTHORIZATION

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### ONGOING CREDIT CARD CHARGE AUTHORIZATION FOR TLC Pediatrics of Amarillo, PA.

I hereby authorize TLC Pediatrics of Amarillo, PA to retain my credit card information and authorization noted below, and to charge the credit card for any deductibles, coinsurances, copayments or other services rendered to/for the persons listed below. Charges are to be entered only for those balances due that are not covered by insurance. A copy of the credit card receipt and an account statement will be sent to the patient/guarantor with each charge.

Credit card charges are authorized for the following TLC Pediatrics' of Amarillo patients:

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Type of Credit Card: MC    VISA    DISCOVER

ACCOUNT NUMBER: \_\_\_\_\_

SECURITY CODE ON CARD: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME ON CREDIT CARD: \_\_\_\_\_

RELATIONSHIP TO PATIENTS: \_\_\_\_\_

ADDRESS OF CARDHOLDER  
ON CREDIT CARD ACCOUNT: \_\_\_\_\_

AUTHORIZING SIGNATURE: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_