



CONNECTICUT PEDIATRIC PARTNERSHIP

Bay Street Pediatrics ♦ Doctors' Pediatric ♦ New Canaan Pediatrics
55 Danbury Rd ♦ Wilton, CT 06897

PATIENT EASY PAY CONSENT

I authorize Connecticut Pediatric Partnership/New Canaan Pediatrics to charge my credit card for any patient responsibility for the below agreed upon charges.

- Co-Pays
- Records
- Outstanding Balances
- Forms
- Non-Covered X-Rays

By signing below, you acknowledge and agree with the following:

- I have received and read the New Canaan Pediatrics/Connecticut Pediatric Partnership Financial Policy and agree to the terms.

Patient Name(s): _____ DOB: _____

Patient Name(s): _____ DOB: _____

Patient Name(s): _____ DOB: _____

Patient Name(s): _____ DOB: _____

Cardholder Name: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder's Phone Number _____

Cardholder's Signature: _____ Date: _____

Your credit card information is not kept on file in this office. It is kept securely offsite and this office does not have access to the full credit card number once it is entered into the system the first time

Credit/Debit Card Number: _____

Expiration Date: _____ CVV: _____

Card Type (circle one) VISA MASTERCARD DISCOVER AMERICAN EXPRESS