

**PEDIATRIC ASSOCIATES OF WESTERN CT LLC
41 GERMANTOWN RD SUITE #201
DANBURY CT 06810
203.792.0329**

The Billing Department offers to hold your Credit Card on file to apply when a patient balance occurs.

The Credit Card receipt will be mailed along with a statement showing where the credit card payment was applied.

If you are interested in keeping your Credit Card information on file with our Billing Department, please fill out the PATIENT EASY PAY CONSENT and mail to the address above or drop it off directly to the office.

PATIENT EASY PAY CONSENT

DATE: _____

PAY METHOD: _____

MASTERCARD, VISA OR DISCOVER

Exp: _____ CVV _____

NAME ON CARD: _____

PATIENTS NAME: _____

CARD NUMBER: _____

PROVIDER: _____