
Guarantor Account Number
(For office use only)

Today's Date: _____

Cornerstone Pediatrics has my permission to put my health savings account or credit card on file. I understand that my card will be charged if my insurance says I am responsible for a deductible or coinsurance after the insurance adjustments. My card will be charged up to \$400.00. If the amount owed is greater, Cornerstone will call me to get my permission.

_____ Signature of Responsible Party

_____ Best number to be reached during business hours

Children's Names(please list them all)

Date of Birth

Does your Health Savings Account pay the physician directly before you are responsible?

Yes No Unknown

If you need a receipt, they will be furnished at your request and we can **fax it to you or we can leave a copy in your chart for your next visit.**

Is the card you are furnishing a Health Savings Account? _____

Is the card you are furnishing a Personal Credit Card? _____

Card Information will be kept secure.

Notes:
