

Are you tired of trying to remember your check book?

Do co-pay bills in the mail make you steam?

Do you have teen-age children who come by themselves?

Or children who come with grandma or the nanny?

Great News!!!

Berkeley Pediatrics is now happy to announce an easy pay plan.

You can have your credit card information on file, and we will charge your account for office visits, co-pays and patient balances minus insurance payments and adjustments, with no hassle to you.

With that in mind, the only time you will receive a bill is if your monthly credit card maximum has been met.

Children: _____

Not to exceed \$ _____ per month Card Holder ZIP CODE _____

Account number _____
Expiration date _____

I hereby authorize Berkeley Pediatric Medical Group to charge my credit card account for office visits, co-pays and patient balances. This authorization is effective until terminated in writing.

Signature _____

Date _____