



160 Pehle Avenue, Suite 302  
Saddle Brook, NJ 07663

TEL: (201) 252-8700  
FAX: (201) 252-8701

### PANDA PEDIATRICS

We will be willing to submit today's charges to your insurance company if you supply our office with all necessary information by \_\_\_\_\_ (enter date 2 weeks from first date of service)

If this information is not provided or is incorrect within 2 weeks of appointment, we will charge your credit card \$ \_\_\_\_\_.

Patient Name: \_\_\_\_\_

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

Insurance Name: \_\_\_\_\_

Address for claim submission: \_\_\_\_\_

ID#: \_\_\_\_\_

Group #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

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

Copay: \_\_\_\_\_

Visa/Mastercard/Amex/Discover # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CCV # \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Thank you for your cooperation.

#### Panda Pediatrics

"As part of our credit card policy, BCD Health Partners will securely save your credit card information utilizing a secure portal."

*\*Please note, If BCD health does not participate with the insurance plan provided, the above credit card may also be charged for fees incurred.*

\_\_\_\_\_ Accepting Staff Member

\_\_\_\_\_ Faxing Staff Member