



160 Pehle Avenue, Suite 302
Saddle Brook, NJ 07663

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

WYCKOFF 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.

Wyckoff Pediatrics

"As part of our credit card policy, BCD Health 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