



7500 Hanover Parkway, Suite 203H  
Greenbelt, MD 20770

### AUTHORIZATION TO CHARGE CREDIT CARD ON FILE

I \_\_\_\_\_ authorize **Edge Pediatrics** to charge the

Credit-card on file for my child(s) \_\_\_\_\_

visit if I fail to notify the office within one week about my child's health

insurance.

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date