

CREDIT CARD ON FILE POLICY

Midtown Dermatology has implemented a credit card policy. The *Credit Card on File* policy is a convenient method to pay for the portion of services that your insurance company deems to be the patient’s responsibility, such as co-pay, deductible and co-insurance.

Co-pays are still due at time of visit. At your appointment, your credit card information will be obtained and kept confidential and secure until insurance(s) have paid their portion and notifies Midtown Dermatology of the balance due, if any. At that time, the billing department will issue one statement via mail which the patient will have 30 days to pay or make other forms of payment arrangements. After 30 days, the debit/credit card on file will be automatically charged for any outstanding balance if it is less than \$300. If your bill is in excess of \$300, you will be notified prior to the charge being processed. In the case when a credit card has reached its limit maximum, the patient will have an additional 60 days to arrange payment before the bill is forwarded to a collection agency.

Please read below and sign.

In-Network and Medicare Patients:

If we participate with your insurance plan you will be responsible to pay for your co-pay, deductibles and/or co-insurance at time of service. You may also be responsible for payment of services related to conditions that are not covered by your plan. If you have not met your deductible, you will be responsible for the amount of the deductible and whatever amounts the insurance company does not pay. If your insurance company denies payment or will only pay a portion of your medical bill, you are responsible for payment of services rendered and will be billed accordingly. Please be aware that your insurance carrier does not guarantee accuracy of its confirmation of coverage and benefits. **In order to expedite this responsibility, we will recommend that you leave a Credit Card on File.**

Other Bills:

If you should undergo a biopsy in our office, your insurance carrier will be billed separately by the lab and pathologist. You will receive a separate bill from the Lab and Path for any uncovered charges.

Payment Methods:

For your convenience, we accept the following forms of payment: Cash, Check, Visa, MasterCard, Discover, or American Express.

- **It is office policy that a credit card is left on file as most insurance policies have deductible, co-insurance, and surgical co-insurance in addition to co-pay. Your insurance company determines the exact amount after we have submitted your claim for payment. We will charge your card for the amount which is your responsibility. Your insurance company will also send you a copy of the explanation of benefits.**
- **Your signature below provides authorization for our office to process payment(s) to this card for reasons as outlined above.**

It is our utmost concern that patients’ transactions are processed according to the highest security standards. To that end, Midtown Dermatology, LLC will safely and securely store your credit card information in Modernizing Medicine, our secure software. This method meets all PCI requirements. All card information will be stored in Modernizing Medicine and truncated during the process to prevent unauthorized access to full card information.

Failure to Pay:

Any unpaid balance that exceeds 60 days will be sent to a collection agency and will incur any fees or collection costs. The patient/or guarantor will be responsible for all associated costs.

I, _____ have read the above disclaimer and fully understand my financial responsibilities to Midtown Dermatology, LLC.

Patient Date of Birth: ____ / ____ / ____

Patient/Guardian Signature: _____ **Date:** ____ / ____ / ____

Credit Card: Visa ____ MasterCard ____ American Express ____ Discover ____ Other _____