

Dear Patient,

As you know there are charges for each of the medical care services that we provide to you. Our in house billing department is pleased to work with your health plan to coordinate your benefits, maximize the covered services you are entitled to and minimize your financial and administrative burden. It could take as long as three months for your plan to process our claims and for their payment to be made on such claims. Some plans assign financial responsibility to patients for their charges resulting in patients having to pay the residual balance, this has resulted in an increase in the number of patients waiting months to pay our invoices and a significant number do not pay at all. This situation has placed an unnecessary burden on our practice and for the billing department. This means that we expend significantly greater effort, time and expense to collect many balances, often months after we have rendered services. We are aware of the recent increase in the number of plans with patient deductibles and Health Savings Accounts and we are acting accordingly to collect from patients with such plans.

As a result, it is our policy to maintain credit card charge authorizations on file, in order to secure payments for insurance related patient balances. This will save patients from paying postage for mailed invoices, and it avoids the potential risk of patient balances being sent to collection agencies and credit bureaus. All of our billing is done in-house and you can feel secure giving your credit card information to us because we treat your financial information with the same respect as your medical records. Patient privacy is a top priority for us.

In providing your information below, you authorize payment by credit card for services in the absence of payment by your health benefit plan (including, but not limited to, copayment, co-insurance, deductible and/or services deemed non-covered by your health plan), for charges up to \$300 per each date of service obtained by the patient named below or insured family member. We will mail you a receipt after your charges are processed. Unpaid balances not paid after three billing cycles may be sent to our collection agency for further collection attempts, according to our business practices, which may also include a report to credit agencies, which includes an additional fee.

Patients' financial responsibility for these charges is bound legally by obtaining our services as well as by utilizing their health care plan. Should you contest the credit card charges for any of these approved transactions and those charges are reversed, you will remain fully responsible for the charges, and your balance due should be paid immediately.

Without the authorization to use your HSA card or credit card that we keep on file, a billing fee of 1.5 percent will be added to your account for any outstanding balances that have not been paid after 30 days of receiving your first billing statement.

Patient's Name _____ Name of cardholder: _____

Circle credit card type: Visa MasterCard Discover

Card Number _____ Exp date: _____

Security code: _____ Zip code of the billing address: _____

By signing below, you affirm that you have read, understand and consent to all these policies and authorize payment on this credit card to Fairfield Dermatology for up to \$300.00 per date of service, as explained above.

Authorized Signature: _____ **Date:** _____

I have read and fully understand the policies above, but I do not wish to provide my credit card information to Fairfield Dermatology at this time.

Patient's Name: _____ **Patient Signature:** _____