

Credit Card on File Policy

Dear Parents/Guardians:

We are excited to offer a program to help manage your healthcare dollars. Similar to hotel and car rental agencies, you are asked for a credit card at the time you check in. We will swipe your card with a card reader, which will encrypt the card information and store it securely in our credit card processing company's database. For your protection, only the last four digits of your card will show in our system. This is an advantage for you, as it makes your checkout experience faster, easier, and more efficient. Plus you will no longer need to write checks or credit card information on your statement remits then mail them to us. An advantage for us is we will be able to decrease the number of statements we send out. All of these advantages combined help us to keep the cost of healthcare down.

As you may know, some insurance plans require copayments, deductibles, and coinsurance in amounts that are not known to you or us at the time of your visit; they are determined after the claim is processed. We will receive an Explanation of Benefits (EOB) from your insurance plan, the same one you receive from them. The EOB informs us what your insurance plan paid, what their adjustments are, and any patient responsibility. With our Credit Card on File process, once the claims are processed by your insurance company, any remaining balance owed by you will be charged to your credit card. This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. If you do not receive an EOB please contact your insurance plan to have them send you another copy.

If you don't have a credit card, you are welcome to leave a HSA (Health Savings Account) or Flex Plan card on file. Any qualified overpayment will be refunded in a timely manner. We will be happy to arrange payment plans for anyone who is unable to pay their balance; however most payment plans require a credit card or echeck on file in our processing company's database.

If you should have any questions, please do not hesitate to call our billing office at 410-465-7550, option 6

AUTHORIZATION

I authorize Ellicott City Pediatric Associates PA (ECPA) to charge all balances applied to copay, deductible, coinsurance, or denied for nonpayment of insurance premiums, or any other reason, to the following credit card:

Last 4 digits of credit card: _____ **Expiration Date:** _____

- If the balance due is more than \$150, I would like to receive a courtesy call prior to my card being charged. Contact #** _____
- Please charge my card for the full amount due on any claim.**

I understand that once my health insurance(s) process my or my child's claims, I am entitled to receive an Explanation of Benefits (EOB) from my health plan. The EOB will show any balances due that are patient responsibility. I agree that ECPA may charge my credit card on file for the balance due when they receive the EOB from my health plan. I further understand that if payment is denied by the credit card on file, I am responsible for contacting the office with alternative payment.

Date: _____ **Print Name:** _____

Signature of Cardholder: _____