Financial Policy Update

Credit Card on File Policy and Authorization

Dear Patients.

This letter is to inform you of our updated billing practice in regards to receiving patient payments. Effective November 11, 2018, we now require a credit or debit card to be on file with our office or full patient payment of services at each appointment.

Why the change?

There are several reasons for this change. With the changing environment in healthcare, more responsibility of payment is being placed on the patient. We are not equipped to provide inhouse financing and need to be sure that patient balances are paid at the time of service or in a timely manner. To do this, we need to ensure we have a guarantee of payment on file in our office.

What is a Deductible and How Does It Affect Me?

An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance coverage begins to pay. For example, if your policy has a \$2,000 deductible, you must pay the first \$2,000 of medical expenses before the insurance company begins to pay for any services. This works just like the deductible for your car insurance or homeowner's insurance policy does.

When does a deductible begin?

Your deductible begins at the start of your plan year. Most plan years begin either January 1 or July 1, but plans can start on any date.

When do I have to pay for services?

Any time you receive medical care, you will be expected to pay in full for your services until your deductible is met. If you have a very large deductible, called a high-deductible insurance plan, you may have to pay out of pocket for most of your primary care services.

How will I know when my deductible has been met?

You can call your insurance company at any time to check on how much of your deductible has been met and some insurance companies have this information available online. Every time you receive medical services, you will receive notification from your insurance company with how much they paid or did not pay if the amount went to your deductible when they send you an Explanation of Benefits (EOB.) Your agreement with your insurance company is between you and your insurance company. We submit on your behalf but do not have control over what they pay or do not pay.

But I always pay my bills, why me?

We have to be fair and apply the policy to all patients. We have wonderful patients and we know that most of you pay your balances. Unfortunately, this is not always the case.

How will I know how much you are going to charge me?

You will receive a letter in the mail from your Insurance carrier that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits (EOB.) This letter tells you exactly, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance to pay.

Then what?

We receive the same Explanation of Benefits (EOB) that you do. Most Insurance will send your EOB prior to us receiving our copy. It arrives about 10-20 days after your appointment has been billed. We look at each EOB carefully and determine what your insurance has determined as patient responsibility. This is the same way we normally determine how much to send you a statement for in the mail.

Will you send me a bill to let me know what I owe?

All patients with commercial insurance are required to keep a credit or debit card on file. If you do not wish to keep a card on file, we will expect an estimated payment at the time of service. For example, if your commercial insurance requires \$95.00 to be paid for standard service and your deductible is not met, you will be expected to pay the \$95.00 via check or cash before you are seen, but this will not include ancillary charges that may arise out of your visit. Once we receive the EOB on your visit we will send a statement if your patient responsibility is higher than the originally collected amount or you will have a credit on your account if your patient responsibility is lower than the originally collected amount. The best way to avoid this confusion is to keep your credit card on file. Once we receive the insurance EOB for your visit we will charge the credit card on file the exact amount as per the EOB that is stated to be patient responsibility. Once charged, we will email you a receipt of payment.

When do I give you my credit card?

We prefer for you to fill out the Credit Card Authorization Form and give us your credit card in person. You can provide your credit card information over the phone, by mail, or in person. My High-Deductible Health Plan has a Health Savings Account (HSA) Card.

Can I keep my HSA card on file?

Yes, you can keep your HSA card on file, however, we may require an additional card to be kept on file should the funds in your HSA account become insufficient.

Can I keep my Care Credit Card on file?

Yes, you can keep your Care Credit card on file. We will require any high cost procedure out of pocket expense to be charged to Care Credit charge card on the first visit to prevent a large account balance from accruing.

What if I need to dispute my bill?

We will always work with you to understand if there has been a mistake. We will refund your credit card if we or if your insurance company has made a billing error. We will only charge the amount that we are instructed to by your insurance carrier, in the EOB they send to us, in the same way that we normally determine how much to send you a bill for in the mail.

What if I have more questions?

Our staff is happy to speak with you about your account at any time at 845-369-3550. Your information will NOT be shared with any third parties.

Credit Card on File Policy

As you may be aware, the current healthcare market has resulted in insurance policies increasingly transferring costs to you, the insured. Some insurance plans require deductibles and copayments in amounts not known to you or us at the time of your visit. As a result, we require that all patients need to have a credit or debit card number on file with our office. Similar to hotels and car rental agencies, you are asked for a credit card number at the time you check in and the information will be held securely until your insurance company has paid their portion and notified us of the amount of your share. If there is a balance, your credit card will be automatically charged following receipt of your insurance's Explanation of Benefits showing processing of your claim for any portion you are legally responsible to pay. If following receipt of the claim's Explanation of Benefits we receive any unexpected information regarding your payment responsibility, we will promptly notify you to give you an opportunity to address with your insurance company before we charge your credit card. This also allows you to check out easier, faster, and more efficiently as you can simply ask our staff to charge the copay to your 'card on file'. Please be assured that this payment method in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. You are responsible for updating any credit card information changes with Lehigh Valley Dermatology Associates in the event of a change. If you have any questions about this payment method, do not hesitate to ask.

If you do not wish for us to keep your credit card on file, you agree to pay any co-pays, co-insurances and deductibles at the time of

service. However, the authorization must be signed in order for us to process any credit card(s). In the event you decide not to sign

the credit card authorization, we would require your balance to be paid at the time of service by cash or check only.

If you do not have insurance, you will be expected to pay for your balance in full at the time of service. If you require multiple

treatments, the entire balance will be paid in full on the first treatment day in order to avoid large account balances.

If you require multiple treatments and your insurance does not cover the treatment in full or at all. The balance or estimated balance

will be paid on the first treatment date.

PATIENT EASY PAY CONSENT

I authorize Lehigh Valley Dermatology Associates to charge my credit card for any patient responsibility amount after claims are

submitted and processed by my insurance or for my account balance (the card may be on file, called in over the phone or

presented in person.)

These balances may include: Patient copay(s), Deductible/HSA deductible, Care Credit for any unpaid balance.

By signing below, you acknowledge and agree with the following:

I have received and read the Lehigh Valley Dermatology Associates' Deductible, Copay, Out of Pocket Financial Policy and agree to

the terms. I agree to provide a valid credit/debit card and allow Lehigh Valley Dermatology Associates to charge my HSA debit/credit

card or the personal credit card provided upon receipt of my insurance EOB. I understand Lehigh Valley Dermatology Associates

will not alter my treatment plan due to possible charges incurred. This agreement will be kept on file for any future payments to my

account balance whether the card is kept on file or presented to LVD through phone or in person.

Cardholder's Signature

Date

Patient Name(s)		Cardholder Name _		
Cardholder Address				
City	State	Zip Code		
Credit/Debit Card Number		cvv	Exp. Date	
Please circle one: VISA MA	ASTERCARD DISC	COVER AMERICAN EXP	RESS	
***This form will be shredded	upon entry into our	billing system		
Your information will NOT be	shared with any thir	d parties		
***PLEASE NOTE THAT THE	CHARGE WILL AP	PEAR AS (Enter how char	ge will appear) ON YOUR CREDIT	CARD STATEME