

## **Discovery Pediatrics LLC is now a Credit Card on File Medical Office**

Dear Patients,

This letter is to inform you of our billing practice in regards to receiving patient payments. In effect since August 2017, ***we 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 need to be sure that patient balances are paid in a timely manner. To do this, we need to ensure we have a guarantee of payment on file in our office.

### **Paying Co-pays**

*Many insurances have a set co-pay for you to pay at the time of service. Having the credit card on file will speed this process along. Your authorization will also allow us to charge the card on file if the co-pay was not collected at the time of service.*

### **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. This is decided by your insurance plan and not Discovery Pediatrics LLC.

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, and whether or not the amount went to your deductible, when they send you an Explanation of Benefits (EOB.)

### **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 usually receive a letter in the mail (or e-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.

If the charge is more than \$200.00 per child we will call you to inform you of the amount. For balances less than \$200.00 per child we will charge your card without calling.

### **Then what?**

We receive the same Explanation of Benefits (EOB) that you do. Most Insurances 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.

But wait, I'm nervous about leaving you my credit card.

**We do not store your sensitive credit card information in our office.** We store it on a secure website called a gateway. The gateway we use is called Instamed and it is PCI-DSS compliant. This gateway is only used to process your payment and email you a receipt once payment is processed.

### **What is PCI-DSS?**

Payment Card Industry (PCI) Security Standards Council offers robust and comprehensive standards to enhance payment card data security and reduce exposure to credit card fraud. PCI Data Security Standard (DSS) provides an actionable framework for developing a robust payment card data security process, including prevention, detection, and appropriate reaction to security incidents.

### **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. We will swipe your credit card with an encrypted reader that will securely upload your credit card number into the Instamed gateway and return the card to you. With the encrypted reader, we will never see all the numbers of your credit card. You can deliver your credit card information over the phone or by mail, but the most secure way is in person through the encrypted reader.

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.

### **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.

## CREDIT CARD / HSA CARD ON FILE AUTHORIZATION FORM

Discovery Pediatrics LLC accepts all patient payments via cash/check upfront at every visit or we will store your credit card information to be processed after your insurance's Explanation of Benefits (EOB) has been processed. **Your credit card information is not kept on file in this office.** It is kept securely offsite and **this office does not have access to the full credit card number once it is entered** into the system the first time.

The undersigned agrees and authorizes Discovery Pediatrics LLC to charge the credit card below for patient payments by the guarantor named below:

NAME AS IT APPEARS ON  
CARD \_\_\_\_\_

MY CARD NUMBER \_\_\_\_\_

EXPIRATION DATE \_\_\_\_ / \_\_\_\_

BILLING  
ADDRESS \_\_\_\_\_

PHONE  
NUMBER \_\_\_\_\_

NON-SECURED EMAIL (to send  
receipts) \_\_\_\_\_

I WANT MY RECEIPT EMAILED  YES  NO

I understand that once my insurance has paid for their portion of my care, I will receive an Explanation of Benefits (EOB). The insurance plan EOB will state any balance remaining to be paid by me. I agree that Discovery Pediatrics LLC may charge my credit card on file for the balance due when they receive a copy of the EOB.

If the balance due is more than \$200.00, I will receive a courtesy call prior to my card being charged.

\*AUTHORIZED SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

Patients this card applies to:

NAME \_\_\_\_\_  
DOB \_\_\_\_\_

NAME \_\_\_\_\_  
DOB \_\_\_\_\_

NAME \_\_\_\_\_  
DOB \_\_\_\_\_

NAME \_\_\_\_\_  
DOB \_\_\_\_\_

Office Use Only: Acct No:  
\_\_\_\_\_