



**Credit Card on File Agreement**

Bergen Imaging Center, P.A. has implemented a new credit card policy. Much like many other businesses such as a hotel or car rental agency, attorneys, etc. we now have a similar policy where we ask for a credit card which may be used later to pay any balance that may be due on your bill. Co-pays are still due at the time of service.

At check in, your credit card information will be obtained and kept securely until your insurance(s) have paid their portion and notifies us of the balance due, if any. At that time, you will be sent a statement which you will have seven days to pay. After seven days, if the bill remains unpaid, we will bill your credit card.

Your ability to dispute a charge or question your insurance company's determination of payment will remain unchanged.

If you have any questions about our policy, please do not hesitate to ask.

By signing below, I authorize Bergen Imaging Center, P.A. to keep my signature and my credit card information securely on-file in my account. I authorize Bergen Imaging Center, P.A. to charge my credit card for any outstanding balances when due.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give Bergen Imaging Center, P.A. has a new, valid credit card which I will allow them to charge over the telephone. Even though Bergen Imaging Center, P.A. is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

Visa  MasterCard  Discover  American Express

Patient's Name (Print): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Name on Card (Print): \_\_\_\_\_ CVV: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_

Please fill out information below for any other person(s) you authorize this credit card for:

Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Patient Full Name (Print): \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please check this box if you prefer not to receive a statement and would like us to bill your credit card immediately for any balances due after the processing of your insurance.

## **Frequently Asked Questions Regarding the Credit Card on File Agreement**

### **Do I have to leave my credit card information to be a patient at this practice?**

Yes. This is our policy and it is a growing trend in the healthcare industry. Insurance reimbursements are declining and there has been a large increase in patient deductibles. These factors are driving offices to either squeeze more patients into shorter periods of time or to stop accepting insurance. We have decided to focus on becoming more efficient in our billing and collections processes instead.

### **How much and when will money be taken from my account?**

The insurance companies on average take approximately 2 weeks to process submitted claims. Whatever the allowed amount is, your copay, coinsurance, and deductible are taken into consideration. It simply depends on your individual policy what you may owe. Once the insurance explanation of benefits is received and posted to your account, you will be sent a statement showing your portion. You will have seven days to send an alternative form of payment if you prefer. If no alternative payment is received, your patient financial responsibility will be processed.

### **How do you safeguard the credit information you keep on file?**

We use the same methods to guard your credit card information as we do for your medical information. The card information is securely protected by the credit card processing component of our HIPAA compliant practice management system. This system stores the card information for future transactions using the same sort of technology that any online retailer would. There is no way to export the card information out of our system. The only way to use it is to process a payment in our practice management system.

### **What are the benefits?**

It saves you time and eliminates the need to write checks, buy stamps or worry about delays in the mail. It also drives our administrative costs down because our staff sends out fewer statements and spends less time taking credit card information over the phone or entering it from the billing slips sent in the mail, which are less secure methods than us storing the information. The extra time the staff has can now be spent on directly helping the patients, either over the phone, with insurance claims or in person.

### **I always pay my bills on time. Why do I have to do this?**

The entire billing process is time consuming and wasteful, and the few patients that we do have to send to a collection agency end up costing a lot of money. Reducing unnecessary costs are essential to allowing us to continue to be an in-network provider with most insurance companies. Nothing is changing about how much you end up paying.

### **What if there is a payment discrepancy or I have other payment questions?**

Please contact our billing department directly to settle payment discrepancies or for other payment questions. This policy in no way compromises your ability to dispute a charge or questions your insurance company's explanation of benefits.

### **How will I receive my bill?**

You will receive your bill by email. If you do not have an email address, we will send your bill through the postal service. Your bill will show the amount that will be charged to your card seven days after the date printed on the statement. If you prefer to pay by an alternative method, you may do so during that period. If you do not wish to make any changes to your payment method, just hold onto the statement for your records and your card will be charged.