

Credit Card on File Policy

Narra Dermatology is committed to making our billing process as simple and easy as possible. Starting January 2016, we will require that all patients provide a credit card on file with our office. When you come in, we will scan your card with a card reader. It will store your card number in a secure, compliant location in your electronic medical record. For security reasons only the last four digits will be visible to our staff. Credit Cards on File will be used to pay co-pays only when you come into the office and account balances after your insurance processes your claim.

When we receive the Explanation of Benefits (EOB) from your insurance company, we will enter this information into our system. At that time, if your total amount owed is less than \$50, we will process that payment. If it is over \$50, we will send out a statement showing your total amount owed. If you wish to give a different method of payment than the card on file or if you would like to split your balance into multiple payments, please call our office at 425-677-8867 to make arrangements. Two weeks later, (from the date listed on your statement), we will run the credit card on file for the amount owed. If your payment is declined, we will call you to let you know at that time. If you do not return our call within one week a \$45 declined payment fee will be applied and another statement will be mailed. Your account becomes delinquent if not paid within 30 days after the date of the last statement and at that time the unpaid balance will be subject to a finance charge of \$25 per month. Any further delinquency will warrant the account being assigned to a collection agency and possibly the addition of further charges.

I give permission for Narra Dermatology to charge my credit card for the patient balance due on my account as stated above. If I have insurance covered, my card will be charged after my insurance has paid their portion. I also understand I may discontinue this authorization at any time by giving written notice to Narra Dermatology.

Name

_____/_____/_____
Date

Signature