



Credit Card on File Policy

Madrona Dermatology is committed to efficiency and reducing waste. Our goal is to make the billing process as simple as possible. We require that you provide a credit card on file with our office. When you come in, we will scan your card and your payment information will be stored in our HIPAA compliant, secure software for future transactions. Office personnel will not have access to your card. For your protection, only the last 4 digits of your card will show in our system.

Credit cards on file will be used to pay account balances after insurance claims adjudication.

- Once your insurance has processed our claim, they will send an Explanation of Benefits (EOB) to both you and our billing service, West Coast Dermatology Billers (WCDB), showing what your total patient responsibility is. You typically receive the EOB before we do so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately.
- If your total amount owed is \$200 or less, our billing service will process the entire payment with your credit card on file. If it is over \$200, our billing service will send out a statement showing your remaining balance due which you may pay by check, Visa, MasterCard, American Express or Discover. If we have not received full payment by the next billing cycle, our billing service will charge up to \$200 each billing period (every 28-30 days) until your balance is paid in full.
- If you would like to pay over the phone or have questions about your bill, call West Coast Dermatology Billers at 1-800-541-9232.

Notes:

- During the time you leave a credit card on file, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
- Credits on your account, after your insurance claim has been adjusted, will be returned to the credit card on file.
- Should your credit card be mistakenly run, we will immediately issue a refund.
- Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover.

Credit Card on File Authorization

I agree to place my credit card on file to be charged by Madrona Dermatology. I authorize their staff and/or billing service to utilize my credit card for the purposes stated above.

Name of guarantor as it appears on card (please print): _____

Signature: _____ Date: _____

If this card can be used for anyone other than the guarantor specified above, please list them here:

Patient: _____ DOB: _____ Patient: _____ DOB: _____

Patient: _____ DOB: _____ Patient: _____ DOB: _____