



## Credit Card on File Policy

Thank you for choosing South Shore Skin Center for your dermatology and skin care needs. We are committed to providing you with exceptional medical care, as well as, making our medical billing processes as simple and efficient as possible. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to our patients, you, the insured. This is driving many physician practices to adopt new financial policies to enable more efficient operational processes. Some insurance plans require deductibles and co-payments in amounts not known to you or us at the time of your visit. Please take a moment to familiarize yourself with our practice's new Credit Card on File Policy.

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, effective January 1, 2016, South Shore Skin Center will require all patients keep an active credit card on file with us. The credit card will be kept in a secure vault by TSYS, our payment processor. We will bill your insurance company first and upon their determination of benefits, the following process will be in place:

- Once your insurance Company has processed your claims, we will send you an itemized statement. You will have **thirty** days from the date of the statement to pay the balance in full (by cash, check, charge, health savings account or Care Credit). If the bill has not been paid within **thirty** days of the billing statement date, we will charge your credit card on file.

### How your Credit Card Information is Stored

We place a high priority on keeping your personal and financial information secure. Under HIPAA, we are under strict rules and guidelines in terms of protecting the privacy of protected health information. Under the Payment Card Industry Data Security Standard (PCI DSS), our payment processor, TSYS, is required to comply with very strict standards to safeguard your credit card information. South Shore Skin Center as a merchant of TSYS is also required to maintain PCI compliance. When you come to our office our staff will enter your information into our secure e-payments portal. All communications (between SSSC, e-payments, the acquiring bank and the issuing bank) are encrypted end to end with a 1024-bit RSA public/private key pair assuring server authenticity and invulnerability to **man-in-the – middle** attacks. Our system runs in secure mode using SSL (Secure Sockets Layer) which encrypts all communication data.

You may contact one of our Billing Representatives in advance if you would like an **estimate** of what your charges may be. For numerous reasons, we can only **estimate** the amount of your responsibility. For instance, we cannot guarantee the remaining deductible amount will be the same as the day we perform a status inquiry and when the claim actually adjudicates with your insurance plan. Also, the services you actually receive may vary from the services estimated due to the best medical judgment of your healthcare provider.

If the credit card we have on file for you changes, please notify us IMMEDIATELY, by calling the billing office at 508-747-0711 ext 187. It is not uncommon for people to change or cancel their credit cards for various reasons, including when a credit card expires. That is quite understandable. If we run your credit card and it is denied for any reason, we reserve the right to charge an additional \$25 declined card fee if we are not able to run a new credit card within 7 days. This is similar to the \$25 fee that we also charge for returned checks. We will contact you or leave you a phone message on the phone number you provided for us, asking you to give us a call with the new number right away. We will enter the new credit card number into your file, and that will become your new card on-file, subject to the same financial policy as the card you gave us in-person when you were in our office.

If there is a problem with your bill/claim and it is brought to our attention after your credit card payment processes, we will investigate it and if we owe you the money, we will refund it to the same card in a timely manner.

We understand that there are legitimate reasons that you may not have a credit card. If this is the case, you are welcome to leave an HSA (Health Savings Account) or Flex Plan Card on File. You may also pay for the visit with cash or a personal check. Additionally, we offer Care Credit which is a non-interest credit card for medical services.

### **Pre-Authorized Healthcare Form**

By signing below, I agree to all of South Shore Skin Center's Credit Card on File Policy and I authorize South Shore Skin Center to keep my signature and a valid credit/debit card number securely on-file in my account. I allow South Shore Skin Center to automatically charge my credit card for any outstanding balances. These may include: insurance denials for ANY reason (including no referral on file); missed or cancelled appointments; deductibles; co-insurances; partially paid claims; cosmetic procedures. If the credit card that I give today changes, expires, or is denied for any reason, then I agree to immediately give South Shore Skin Center a new, valid credit card which I will allow them to key-in over the phone. Even though South Shore Skin Center is not swiping this card in person, I agree that the new card will still be subject to the financial policy listed herewith and may be used with the same authorization as the original card which I presented in person.

I understand that I am responsible for payment for all medical services provided to me by South Shore Skin Center. I understand that my insurance may deny or delay payment for these services or only partially pay them, and I agree to allow South Shore Skin Center to immediately charge my credit card on file for the balance if that happens. I understand that this form is valid until I cancel this authorization through written notice to South Shore Skin Center.

\_\_\_\_\_  
Signature of Patient / Credit Card Holder (or Legal Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Signing Above

\_\_\_\_\_  
Relationship to Patient