



# **UNIVERSITY FOOT & ANKLE INSTITUTE**

## **Changes to our Credit card on file Policy**

To Our Patients:

### **As of February 01, 2018 this office will require you to leave a credit card on file.**

Similar to hotels and car rental agencies, you are asked for a credit card number at the time you check in and the information will be held securely until your insurances have paid their portion and notified us of the amount of your share. At that time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge will be mailed to you.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. What we are doing is nothing different than a hotel or rental Car Company does at each check-in. All credit card contracts give cardholders the right to challenge any charge against their account.

### **FAQs**

#### **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.

For example, if the policy has a \$500 deductible, you must pay the first \$500 of medical expenses before the insurance company begins to pay for any services.

#### **When do I have to pay for services?**

Any time you receive medical care, you are expected to pay in full for your services until your deductible is met.

#### **How will I know when my deductible has been met?**

Call your insurance company at any time to check on how much of your deductible has been met; 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. As a service to our patients, we try our best to verify the benefits for you as well.

#### **How will I know how much is being charged on my credit card**

For every visit or surgery, your insurance company mails an Explanation of Benefits (EOB) to you. This document shows how much your insurance paid and what you need to pay based on the benefits of your policy. This office receives the same information that you do from your Insurance Company. We apply the payment (if any) and make any discount or adjustment as per our contract with your insurance company. The balance on your account for that visit or surgery will then match the patient responsibility amount on your EOB. This is the amount that will be charged to your credit or debit card. A receipt will be sent to you via email.

#### **What if I have 2 insurance plans?**

You are very fortunate!! Each plan may have different policy benefits and deductibles. Again, we will ask that you put a credit or debit card on file just in case these plans do not cover all your services. Remember, we will not access this information until both plans have paid AND if there is a remaining patient responsible balance.

#### **I don't really know my insurance benefits. Can you tell me what they are?**

Unfortunately, there are SO many health plans that we are not able to know them all. We do try our best to verify that insurance plans are effective and what the status of your deductible, coinsurance and co pay may be, but we do not always know the exact benefits of your plan.

#### **I've never had to do this before at any other doctor's office**

This may be a departure from what you have been used to but it is not uncommon in many medical practices, imaging centers, outpatient surgical centers require a credit card on file.

#### **Why I'm being singled out? I always pay all my bills.**

All patients are required to keep a credit or debit card on file. This policy isn't personal; we apply it equally to all of our patients; by doing it this way, the temptation to play favoritism is eliminated and it removes us from the uncomfortable situation of having to decide who has to follow the policy and who does not.

**What about identity theft and privacy?**

Under HIPAA, we are under strict rules and guidelines in terms of protecting patient privacy and the credit card is considered protected health information. Because of HIPAA rules, our medical office is far more secure than most retail establishments as it relates to identity theft.

**I don't have a credit card.**

You are welcome to leave a debit card, HSA(Health Savings Account) or Flex Plan card on file or pay with cash or check for the visit in full.

**This is NOT the same as "balance billing"**

"Balance billing" is asking the patient to pay the difference between our normal fee and the insurance company's normal payment. That's a breach of our insurance contracts. What we charge to the patient's credit card is the portion the insurance company determined is not covered by the company. For example if your Insurance approves \$100, and pays 80% of that amount the other \$20 is the patient 's responsibility, and is what we charge to the credit card – instead of sending out a statement for that amount.

**Credit Card on File Agreement**

I, (please print name \_\_\_\_\_) have read and understand the above mentioned policy and agree to leave my credit card on file. **I authorize University Foot and Ankle Institute** to charge my credit card for payments owed to my account for services rendered at their office, in the event my account becomes overdue past 30 days. I agree to update any information regarding this account. The above information is complete to the best of my knowledge.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian's Signature: (If Minor)

\_\_\_\_\_  
Date:

I, (please print name \_\_\_\_\_) decline to leave my credit card on file. I understand that I will need to pay upfront an estimate of the co-insurances or deposit for services provided today. Once claims have been processed and settled with my insurance company I will be refunded if my account has any credit due, back to me or will be charged any additional balance the insurance makes me responsible for.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent/Guardian's Signature: (If Minor)

\_\_\_\_\_  
Date: