

LINCOLN PARK FAMILY PHYSICIANS, S.C

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Credit Card on File Policy

We have implemented a payment policy requiring a credit/debit card being kept on file as of July 2, 2012.

As you may be aware, the current healthcare market has changed resulting in insurance companies transferring more costs to you the policyholder, we need to ensure that we have a guarantee of payment on file in our office and balances are paid in a timely manner. Your credit card will only be used for: **Deductibles**, **Coinsurance** and **Balances** due. This process is simple, easy as well as cost efficient for you and our office.

Please keep in mind that this by no means will compromise your ability to dispute a charge or question your insurance companies' payment of your visit. All claims will be submitted to the insurance company that you provide at time of service.

Our office reviews all patient responsibility amounts assigned by your insurance to ensure your claim has been properly adjudicated. If what is adjudicated (processed) by the insurance company does not match your benefits we verified at time of service, we will contact your insurance company or you to correct the issue. Members typically receive their Explanation Of Benefits (EOB) prior to the provider. If you have any questions or concerns with the patient responsibility amount owed, please contact our office immediately for an explanation.

Here's how it works:

1. If your balance is under \$100, we will then charge your credit card on file (CCOF) and your account will be satisfied and paid in full.
2. If your balance is over \$100, and you have not authorized us to use the CCOF, you will receive an email and paper statement giving you the opportunity to pay by other means. If we do not receive payment or additional information from you (such as to set up a payment plan) within the next billing cycle, we will then go ahead and satisfy your account by utilizing the CCOF.
3. During the time you leave a CCOF, if it expires or otherwise becomes uncollectable, we will expect you to promptly provide a new means of payment.
4. Should your credit card be mistakenly run, we will immediately issue a refund.
5. Copays are due at time of service and are not part of the CCOF policy.

Please note to store your card securely there may be a one cent authorization charge that you may see. This is just an authorization your card will only be charged if there is a balance that is due.

Is it Okay to charge card if balance is over \$100.00? _____

I have read and understand the Credit Card on File Policy. I authorize Lincoln Park Family Physicians, S.C., to run my credit card for the purposes stated above.

Name: (Please Print)

Signature: _____ Date: _____

Altering this form will not change the policies on this page. All policies are the same for all patients

I authorize Lincoln Park Family Physicians, S.C. to charge outstanding balances on my account to the following credit card: (Please Print Clearly)

Visa

MasterCard

American Express

Discover

Credit Card # _____

Exp. Date: _____

Security Code (CVV): _____

Credit Card Holders Name (Please Print) _____

Address Linked to Card: _____

Email Address: _____

Is this a HSA/Flex Spending Card? _____

Is it Okay to charge card if balance is over \$100.00? _____

Signature: _____ Date: _____

Altering this form will not change the policies on the previous page. All policies are the same for all patients.

Patient Name: _____

(if different than name on card) **If for more than one patient list all names below:**