

Provida Family Medicine Discontinues Patient Statements

Dear Patients,

You will no longer receive bills from our office in the mail. We have discontinued sending patient statements. We now require a credit or debit card on file with our office.

Why the change?

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, we require all patients to keep an active credit card on file with us. The credit card information will be kept in a secure vault by our credit card payment processor. Most of our patients now have higher deductibles and out of pocket expenses and these balances have become too expensive for us to maintain open.

How will I know how much you are going to charge me?

You will receive a letter in the mail from your insurance plan that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits (EOB.) This letter tells you exactly, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance to pay.

Then what?

We receive the same letter that you do. It arrives about 20 – 30 days after your appointment. We look at each Explanation of Benefits (EOB) carefully, and review what your insurance has determined is your responsibility. This is the same way we determine how much to you bill you when we mail statements.

But wait, I'm nervous about giving you my credit card.

We place a high priority of keeping your personal and financial information secure. Due to HIPAA law, we are under strict regulations to protect the privacy of protected health information. Under the Payment Card Industry Data Security Standard (PCI DSS), our payment processor is required to comply with very strict standards to safeguard your credit card information. Provida Family Medicine as a merchant of is also required to maintain PCI compliance. When you come to our office our staff will enter your information into our secure e-payment portal.

What if I have questions about my bill?

We will always work with you to understand if there has been a mistake, and we will refund you if we have made a billing error. We will only charge the amount that we are instructed to by your insurance carrier, in the letter they send to us, in the same way that we normally determine how much to send you a bill for in the mail.

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 \$2,000 deductible, you must pay the first \$2,000 of medical expenses before the insurance company begins to pay for any services.

This works just like the deductible for your car insurance or homeowner's insurance policy.

When does a deductible begin?

Your deductible begins at the start of your plan year. Most plan years begin either January 1 or July 1, but plans can start on any date.

When do I have to pay for services?

Any time you receive medical care, you will be expected to pay in full for your services until your deductible is met. If you have a very large deductible, called a high-deductible insurance plan, you may have to pay out of pocket for most of your primary care services.

How will I know when my deductible has been met?

You can call your insurance company at any time to check on how much of your deductible has been met and 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 if the amount went to your deductible.

Will you send me a bill to let me know what I owe?

Provida Family Medicine does not send patient statements. All patients are required to keep a credit or debit card on file, but we do not charge anything to your card except the balances that are your responsibility.

What if I have more questions?

Our staff is happy to speak with you about your account during office hours. Please call 847-548-2200 and ask to speak with Billing

Provida Family Medicine

Authorization for Credit Card on File Payment

Your credit card information is not kept on file in this office. It is kept securely offsite and this office does not have access to the full credit card number once it is entered in the system the first time. We place a high priority of keeping your personal and financial information secure. Under HIPAA, we are under strict regulations to protect the privacy of protected health information. Under the Payment Card Industry Data Security Standard (PCI DSS), our payment processor is required to comply with very strict standards to safeguard your credit card information. Provida Family Medicine as a merchant is also required to maintain PCI compliance.

AUTHORIZATION

Until further notice, I authorize Provida Family Medicine to charge the patient-responsible balances on my account, including insurance denials for any reason, missed or cancelled appointments, old balances, forms fees, co-pays, co-insurance, deductibles and non-covered services, to the following credit card:

Circle one: **Visa** **Mastercard** **Discover**

Last 4 digits of my credit card: _____ _____ _____ _____

Exp. Date (mm/yy): _____

I understand that once the insurance has paid their portion for my care, I will receive an Explanation of Benefits (EOB). The insurance plan EOB will state any balance remaining to be paid by me. I agree that Provida Family Medicine may charge my credit card on file for the balance due when they receive a copy of the EOB. If the credit card I have on file expires or is denied for any reason, I agree to immediately give Provida Family Medicine a new, valid credit card which I will allow them to key-in over the phone. Even though Provida Family Medicine may not be swiping the new 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.

Signature: _____ **Date:** _____

Printed Name: _____