

**JOHN E. VINE, M.D. | Ezra Hazan, M.D. | NICOLE K. LAZZARO, RPA-C**  
DERMATOLOGY & SKIN SURGERY CENTER OF PRINCETON, LLC  
8 Forrestal Rd South | Suite 202 | Princeton, NJ 08536  
PHONE: 609-799-6222 | FAX: 609-799-6555

## **CREDIT CARD ON FILE: FULL POLICY**

The Dermatology & Skin Surgery Center of Princeton, LLC is committed to reducing waste and inefficiency and making our billing processes as simple and easy as possible. As you may be aware, the current healthcare market has resulted in higher deductibles, coinsurances, and copayments than ever before. We have now implemented a policy requiring a credit card held on file for each patient, effective \_\_\_\_\_. To place your credit card on file, please complete the attached form at the time of service. Office personnel will not have access to your credit or debit card information after you provide this information.

Once your insurance company has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office. This EOB explains what your responsibility is. You typically receive the EOB before we do, so please contact your insurance carrier immediately if you disagree with your balance due.

When we receive your EOB, we enter this information into our billing system. We subtract any contractual adjustments, payments by your insurance company, and payments made at the time of service to determine your balance. Your balance is only what your insurance company has told us to bill you.

Once your EOB has been entered into our system, we will send you a statement by postal mail or email as a courtesy. If you want to dispute your balance, provide an alternate payment method, or set up a payment plan, please contact the office within thirty days. You must contact the office to make alternative payment arrangements within thirty days of your statement or we will process your credit card on file.

It is your responsibility to ensure that the credit card on file is not expired and has an appropriate amount of funds available. Please contact the office immediately if you need to update your credit card on file. If your payment is declined, a \$35 declined payment fee will apply and we will send you a letter notifying you to update your credit card on file. If you do not respond to the notice within thirty days, your account will be sent to a collection agency. Please note that the \$35 declined payment fee will be removed when you update your payment method.

Please see our attached Frequently Asked Questions. If you have additional questions or concerns regarding this policy, please contact our office manager at 609-799-6222. Thank you for your understanding!

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### **CREDIT CARD ON FILE: FREQUENTLY ASKED QUESTIONS**

#### **I've never heard of a doctor's office keeping credit cards on file. Why are you doing this?**

Although this may be new to you, you will see it happening more and more frequently at your doctors' offices. Physicians extend more credit than any other industry except banks. With insurance reimbursements declining and patient responsibility increasing, we must become more efficient in our billing practices. This practice is similar to keeping a credit card on file at a hotel or rental car service. We need to ensure that we will be paid for our services.

#### **What do I do if I don't have a credit card?**

If you do not have a credit card or debit card, please contact our office manager to set up alternative arrangements.

#### **Why do I have to leave a credit card if I don't have a copayment?**

Even if you don't have a copayment, you might have a deductible or coinsurance due after your insurance processes your claim. Unfortunately, we are not able to determine which patients will have balances due after insurance and which patients will not. Instead of discriminating, we apply this policy to our entire patient population.

#### **Why do I have to leave a credit card if I always pay my bills on time?**

This policy is not personal. To be fair to our patients, we must apply the same policy across the board.

#### **What about identity theft, privacy, and security?**

We do not store your credit card information in our computers or servers and our office staff do not have access to your account numbers. Your information is stored in a secure, HIPAA-compliant program.

#### **Isn't it illegal to balance bill me after my insurance pays?**

Balance billing is the practice of billing the patient for amounts that the insurance company has told us to write off. This is absolutely illegal and is not something that we do. The amount that you will be charged is only the amount that your insurance company has told us to bill you.

#### **My insurance company wants to know if this policy is legal and so do I.**

Keeping your credit card number on file is legal just as it is for hotels and rental car companies. It is natural for your insurance company to be concerned about you and they are welcome to contact us to discuss this policy. While it is not illegal to keep a credit card on file, it is illegal not to collect balances that your insurance company states you owe.

#### **Can you tell me what I'll be billed before I see the doctor?**

Unfortunately, it is impossible for us to know ahead of time what procedures you may need or how extensive your office visit might be. We can tell you what your deductible or copayment is but we cannot tell you what the contracted rate is for your specific insurance plan.

#### **What if there is a problem with my bill and I don't notice until after you charge me?**

We routinely review the accuracy of claims processed by insurance and will contact you or your insurance company if we find a problem. If you disagree with the way your insurance company processed your claim, please contact your insurance company. We will be happy to help you with any information or documentation you need to submit an appeal to your insurance company. If your claim is reprocessed, we will refund any overpayments immediately.

#### **Can I refuse to give you my credit card number?**

You can refuse to keep a credit card on file but you must make other payment arrangements in advance. Please contact the office manager directly to discuss your options.

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## **CREDIT CARD ON FILE AUTHORIZATION FORM**

At the Dermatology & Skin Surgery Center of Princeton, LLC, we require keeping your credit card on file as a convenient method of payment for the portion of services that your insurance company doesn't cover, but for which you are liable. Please see the Credit Card on File Policy for full details.

Your credit card information is kept confidential and secure. Charges to your credit card are made only after the claim has been filed and processed by your insurer and the insurance portions of the claim have been paid, adjusted, and posted to your account.

**I, the undersigned, authorize the Dermatology & Skin Surgery Center of Princeton, LLC to charge the portion of my bill that is my financial responsibility as per the insurance company EOB to the following credit card. I understand that I will be notified of my responsibility thirty days before my credit card is charged. I will receive a receipt for my payment by postal mail or email. I agree to update my credit card information as necessary. A \$35 fee will be added to my account if my credit card is declined, but will be waived once I provide updated information. This authorization remains in effect until I cancel it. To cancel, I must provide 60 days written notice to the Dermatology & Skin Surgery Center of Princeton, LLC and my account must be in good standing.**

**Credit Card Type:**     American Express     Visa     MasterCard     Discover

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVC:** \_\_\_\_\_ **Billing Zip Code:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_

**Cardholder Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Payment option:**

Charge my credit card for any balance due.

Charge my credit card for any balance due up to \$\_\_\_\_\_ each month until my balance is paid in full.

**I authorize this credit card to be used for the following additional patients:**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_