

ADVANCED DERMATOLOGY & SKIN SURGERY, P.A.

MOHS SURGERY CENTER • ASHEVILLE VEIN CENTER • GENERAL DERMATOLOGY • COSMETIC DERMATOLOGY

Credit Card on File Authorization

Advanced Dermatology & Skin Surgery offers a Credit Card on File program as a convenient method of paying for the portion of your services that are patient responsibility such as copay, deductible, and co-insurance. Your credit card information will be kept confidential and secure.

I (we), the undersigned, authorize and request that Advanced Dermatology & Skin Surgery charge my credit card for the balance due that my health plan has identified as my financial responsibility. This authorization relates to all charges not covered by my insurance company for services provided to me by Advanced Dermatology & Skin Surgery. My card will remain securely stored for future use by Open Edge, a secure credit card processor affiliated with Global Payments Merchant's Services that partners with Advanced Dermatology & Skin Surgery to collect payments. This authorization will remain in effect until revoked by me in writing.

Patient's chart # _____ Patient's name: _____ DOB: _____

Please keep my credit card on file and charge my account to pay for charges not paid by my insurance plan.

Charge limits: Balances exceeding \$ _____ require verbal authorization from me. Charges under this amount require no further authorization.

Patient/Guardian signature: _____ Date: _____

Credit card information:

Card type: Amex Visa Mastercard Discover

Is this card a Flexible Spending/Health Savings card? Yes No

Card number ending in(last 4 digits) : _____ Expires: _____

Cardholder name: _____

Card's bill to address: _____

City _____ State _____ Zip _____ Contact phone: _____

Transaction type: AUTHORIZATION

Email receipt to _____ @ _____ or mail receipt

Authorization received by: _____ Office location: _____

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Credit Card on File Policy

Advanced Dermatology & Skin Surgery offers a Credit Card on File program as a convenient method of paying for the portion of your services that your insurance policy requires you to pay such as copay, deductible, and co-insurance. Your credit card information will be kept confidential and secure. This policy has been implemented to simplify and enhance your patient experience, and to simplify our business operations.

Q & A about Credit Card on File

How does this work? At patient registration we will ask you to sign a credit card on file agreement. As part of the agreement you will be able to set a maximum to be charged to your card. Charges that exceed this maximum require verbal authorization from the card holder prior to processing payments. At checkout, fees due at the time of service will be paid using the card on file unless you elect to pay by an alternative method.

What are the benefits to me? You can use your credit card on file to pay for copays, coinsurance, and deductibles at future visits. It will make checkout easier, faster, and more efficient.

What if I don't have a credit card? It is our policy that payment is due at the time of service. You may also keep your Health Savings Account (HSA) or Flex Spending Account (FSA) credit cards on file. If you do not have either of these types of cards, then you can use a debit or credit card. We accept Visa, Mastercard, American Express, and Discover.

How can I be assured that my credit card information will remain safe? We are under the strict rules and guidelines of Payment Card Industry (PCI) Compliance, and HIPAA Compliance to protect patient privacy and credit card information is considered protected health information. Open Edge, our credit card processing vendor, will store your information on a secure and encrypted site, which will enable us to run bank card transactions on our computer system. Our employees will not have access to your bank card.

Effective 1/2018