

Credit Card on File and Explanation of Payments/Insurance

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PAYMENT AT TIME OF SERVICE: Payment is due in full at the time of service unless you are covered by Medicare or an insurance company with which we participate. You will be charged a \$50 service fee for any returned checks, no exceptions. **Credit Card on File will be obtained from all patients, saved, and encrypted through Instamed (one of the largest medical payment system).** This is due to an era of medicine where we are working with high deductibles that are not readily apparent to the clinics.

INSURANCE: Patients will be asked to present their insurance card to the receptionist for copying upon check-in at the office each time they are seen for medical services. Please make it a point to bring your insurance card with you each time that you visit our office. Claims not paid by your insurance company will become your responsibility. You will receive a statement for these services and you will need to contact your insurance company for reimbursement. We reserve the right to charge your credit card for the amount of your deductible or for full amount if you are cash pay, have a high deductible, have purchased cosmetic services, or have purchased one of our products.

For those patients covered by insurance plans with which we ARE participating providers, all co-payments, deductibles and noncovered services are due at time of service. We will file the insurance claim to the insurance company. In the event that your insurance coverage changes to a plan with which we ARE NOT participating providers, we will require payment in full at the time of service and we will file your claim to the insurance company as a courtesy. Any charges that are not paid by your insurance company are your responsibility. Your insurance policy is a contract between YOU and your insurance company. Any pre-certifications of procedures or testing are your responsibility. Please let us know in advance if your insurance company requires this.

NO SHOW/CANCELLATION FEE: You will be charged a \$50 fee if you do not show up to your appointment or for any cancellations less than 24 hours prior to appointment.

OVERDUE BALANCES/COLLECTIONS: Our office will hold a credit or debit card on file for the purpose of overdue balances past 90 days of billing. When an office visit generates a bill, we will take the following steps to collect payment:

- 1) Mail statements for 3 consecutive months to your provided mailing address.
- 2) Call the provided phone number once to remind you of your overdue balance.
- 3) Charge the overdue balance to the provided card on file. *NOTE: we will only do this if we have no response from the previous steps.
- 4) If the credit card on file is denied, we will send your balance to a collection agency.

DEFINITION OF TERMS:

Co-Pay: fixed amount determined by your insurance company and paid to the provider at the time of the visit.

Co-Insurance: percentage of costs covered you are responsible for after your deductible has been met.

Deductible: the amount you pay for covered health care services before your insurance plan starts to pay.

By signing below, I understand and agree to the terms and definitions stated above.

Patient's Signature: _____ Date: _____