

January, 2008

To our Parents:

As a medical practice our goal is to provide you with the best, most current medical care available in a positive and supportive environment. As a small business we must constantly strive to reduce and minimize our expenses and costs of doing business. Today insurance plans are becoming more complicated in how they determine what the medical practice can collect and what the patient actually owes. Insurance plans now have numerous different co-payments and deductibles that are often confusing to their clients and can even elude the smartest medical practice manager. What a patient actually owes once insurance pays its portion is a function of the individual's co-payment, deductible, maximum out-of-pocket expenses and where the patient falls within this continuum.

In an effort to streamline this system and make it more cost effective for everybody we are giving you the opportunity to provide us with a credit card at the time of service. Nothing will be charged to your credit card until the Explanation of Benefits (EOB) returns from your insurance company and we can enter the contractual write-offs and amount paid by your insurance company into our system. The only amount charged to your credit card will be the **PATIENT RESPONSIBILITY** portion as defined on your insurance company's EOB (similar to an invoice). You will receive notification with the amount charged to your credit card.

As a small business operating on decreasing insurance reimbursements with rising costs of vaccines and other expenses, we must do everything possible to reduce the length of time that we extend credit to our patients.

This will be an advantage to you since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of health care down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Co-pays due at the time of the visit will, of course, still be due at the time of the visit.

If you have any questions about this payment method do not hesitate to ask us.

Thank you for your cooperation and understanding.

NASSIM AND ASSOCIATES, PSC

THIS FORM MUST BE COMPLETED AND ON FILE

AUTHORIZATION TO CHARGE MY CREDIT CARD FOR THE "PATIENT RESPONSIBILITY" PORTION OF MY INSURANCE PAYMENT

I authorize Nassim and Associates, PSC to charge my credit card with the balance due (patient responsibility) portion of my insurance explanation of benefits (EOB). I understand that I can dispute the charge at any time with my credit card company; however, the actual amount of the charge can only be disputed with my insurance company. If I feel the "patient responsibility" portion of the explanation of benefits (EOB) is inaccurate, I must resolve this issue directly with my insurance company. Any change in the EOB by the insurance company will be reflected as a credit or additional charge on my credit card.

The family will be notified 24 hours prior to any transactions.

PHONE # _____

PATIENT NAME _____ **DOB** _____
_____ **DOB** _____
_____ **DOB** _____
_____ **DOB** _____

ADDRESS _____

I AUTHORIZE NASSIM AND ASSOCIATES, PSC

To charge my credit card for my member responsibility as determined by my insurance company.

NO DEBIT CARDS, PLEASE

CARD HOLDER NAME _____

CARD HOLDER SIGNATURE _____

CARD NUMBER _____ **VISA** _____ **MC** _____

CARD EXPIRATION DATE _____

TODAY'S DATE _____

I assign my insurance benefits to the provider listed above. I understand this form is renewed annually unless I cancel the authorization through written notice to the health care provider.

Signature Required