



## ELECTRONIC PAYMENT AUTHORIZATION

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 office manager. What a patient actually owes once insurance pays its portion is a function of the individual's deductible, co-payment, coinsurance, 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 asking every patient to provide us with a credit card, HSA debit card, or a voided check at the time of service. This system is exactly like that found in all hotels, rental car companies, gasoline stations, Dell Computer, Amazon.com and your mail order pharmacy. Nothing will be charged to your credit card or checking account until the Explanation of Benefits (EOB; the billing invoice) returns from your insurance company and we can enter the contractual write-offs and amount paid by your insurance into our system. The EOB from the insurance company will indicate the amount that the patient is responsible to pay (usually marked as 'PATIENT RESPONSIBILITY'). This will be the only amount charged to your credit card or checking account. You will receive an invoice with the amount charged to your credit card or deducted from your checking or savings account. This will significantly reduce the costs of repeat statements and collection attempts. Thank you for your cooperation and understanding.

**If you have questions about this process please call our Billing Department at 972-772-4644.**

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### AUTHORIZATION TO CHARGE CREDIT CARD, HSA CARD, OR CHECKING OR SAVINGS ACCOUNT FOR THE "PATIENT RESPONSIBILITY" PORTION OF MY INSURANCE PAYMENT

I authorize Rockwall Family Medicine, PA to charge my credit card, HSA debit card, or my checking or savings account with the balance due (patient responsibility) portion of my insurance explanation of benefits (EOB). 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. I understand that the actual amount of the charge can be disputed only with my insurance company, and any change in the EOB by the insurance company will be reflected as a credit or additional charge on my credit card, HSA debit card, or directly in my checking/savings account.

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*\*By providing your address we will be able to mail a statement to you on the day we charge your patient balance to your credit card, HSA debit card, checking or savings account.

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