

Card on File Policy

West Omaha Dermatology, LLC requires that patients provide a form of payment ("Card on File") at their visit in case of residual patient cost responsibility after insurance adjudication. A physical card is required to complete the "Card on File" processing. A \$1.00 authorization will be processed and then will be removed from your account typically within 7 business days. This mandatory "Card on File" policy allows for smoother transactions and billing for our patients and ensures that West Omaha Dermatology, LLC can collect for services rendered in a timely manner. Patients who decline to store a "Card on File" will not be seen for their appointment.

The only patients not required to provide a "Card on File" are listed. All other patients must provide a "Card on File".

- Patients experiencing a medical emergency
- Self-pay patients when visit is paid in full at time of service

Options for "Card on File" include:

- Credit Card (Visa, Mastercard, Discover, American Express)
- Debit card
- HSA
- HRA
- FSA

Please be assured that payment card information is encrypted and stored securely online. No financial information, including your credit card number, will be available to our staff or held at our office.

Co-pays will still be collected at each visit, if applicable. We will submit all patient claims to insurance. When the insurance claim is processed, the patient should receive an explanation of benefits (EOB), either in the mail or electronically, from their insurer that outlines the patient responsibility for services rendered. West Omaha Dermatology, LLC will also issue a patient billing statement, either in the mail or electronically per the patient's preference, which is due upon statement issuance. Fourteen (14) days following statement issuance, the balance will be charged to the credit card on file if payment remains outstanding.

Please note that this "Card on File" policy will not compromise your ability to dispute a charge or your insurance company's determination of payment.

By signing this policy, I agree to keep a "Card on File" with West Omaha Dermatology, LLC. I consent to the "Card on File" to be used to pay for any unpaid balances after insurance claim adjudication. I confirm I am personally responsible for keeping my credit card information current.

Patient Name [please print]: _____

Patient/Guardian Signature: _____

Date: _____

Relationship to Patient: _____