DERMATOLOGY
Healthcare Excellence

Credit Card On File (CCOF) Form

1. Requirements

Dermatology Healthcare Excellence requires all patients to keep a credit card on file. This policy permits smoother transactions and billing for our patients and ensures that Dermatology Healthcare Excellence can collect for services rendered in a timely manner. By simplifying payment, we can devote our energies to delivering exceptional patient care rather than covering overhead. The credit card must be in the name of the patient or the patient's authorized representative.

2. Use of Credit Card

Circumstances where your card can be charged include but are not limited to:

- Co-payments, deductibles, or co-insurances that were not collected at time of service;
- Unpaid balance remaining 60 days or more after a correct insurance claim has been filed;
- *No-Show* and *Late-Cancellation* fees;
- Services, equipment, or bandages not covered by insurance; and/or
- Cosmetic services or products.

3. Credit Card Disputes

To avoid fraudulent payment disputes and cancellations, a $200 fee will be assessed in such cases made by the patient where DHE has followed appropriate billing and fiscal procedures. However, our billing department is available to answer any questions or if you would like to dispute a charge. This does not compromise your right to question your insurance company's determination of payment or to file a claim with your credit card company if you a have a legitimate grievance.

4. Changes to Credit Card Information

Patients are responsible for keeping their credit card information up-to-date and current with an active card. The consequences of failing to do so are the responsibility of the patient.

5. Security

DHE takes the security of patient financial information seriously. All credit card information is held on a secure encrypted site. No financial information is fully visible to staff, held in our medical records system, or present at our office.

Consent:

By signing this policy, I agree to keep a credit card on file with Dermatology Healthcare Excellence. I agree that the credit card on file can be used to pay for any unpaid balances, fees, and/or charges as stated above. I confirm I am personally responsible for keeping my credit card information current.

Patient Signature

Patient Name (Print)

Date