

Avalon Park Pediatrics
Billing Policy changes regarding Credit Cards

Avalon Park requires the guarantor for the account to place a credit card on file. Instamed will be the credit card transaction company that we will be utilizing. Instamed stores your information on a separate and secure site and enables us to run credit card transactions within our computer system. Office personnel will not have access to your card, and only the last 4 digits of your card will be viewable in our system. Instamed is certified as a Level One Service Provider with the Payment Card Industry (PCI) Data Security Standard, as well as the VISA Cardholder Information Security Program (CISP). They are audited and scanned for PCI compliance and is regularly scanned for vulnerabilities by ScanAlertT and is a member of their HACKER SAFE® program.

- **Credit cards on file will be used for:**

- Copays**

- When you are in the office, you will need to present your credit card for payment, even if the card is on file. For someone other than the financially responsible party bringing your child to an appointment, we will run your card on file for the copay owed.

- Deductibles & Coinsurance**

- Currently, we require at the time of service for you to pay 90% of deductible or between 10%-20% depending on your coinsurance amount owed for each visit. Your credit card on file will be utilized to settle up any additional balances that were not credited to your account at the time of service.

- Balances**

- If your insurance carrier assigns any additional patient responsibility amounts, we will run the credit card on file for this amount.

- For all patient responsibility amounts assigned by insurance, our office reviews these amounts to ensure your claim has been properly adjudicated. If what is adjudicated by insurance company does not match your benefits we verified with insurance at the time of service, we will contact you and your insurance carrier. Members typically receive their explanation of benefits prior to the provider, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately.
- If your credit card is mistakenly run, we will immediately issue you a refund back on the credit card you have on file.
- During the time you leave a credit card on file, if it expires or otherwise becomes uncollectible, we will expect you to promptly provide a new means of payment.

Know your insurance benefits. Your insurance plan is a contract between you and your insurance company, even if your employer provides it. We provide the medical service and submit the claim on your behalf. We do our best to verify your benefits prior to the appointment (sick or well) to make sure we collect the appropriate amount owed and to make sure your visit will be covered by your insurance plan. We do our best to notify and educate the patient of any learned information from insurance that may affect the visit. **However, it remains the policy holder's responsibility to know their insurance policies Avalon Park Pediatrics cannot know every detail to your specific plan. Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility.** You will be responsible for any portion of services that your insurance does not cover. The policy holder should familiarize themselves and those bringing in their children for service with the insurance policy and any specific laboratory requirements should a sample need to be submitted to the lab for analysis.

Patient Name: _____ Phone Number: _____

Credit Card on File Authorization

I understand that my insurance policy includes a deductible and/or coinsurance that applies to my medical visit today and there will be post-visit patient responsibility. I agree to place my credit card on file to be run by Avalon Park Pediatrics once the insurance claim has been adjudicated for any additional patient responsibility amounts that has not been credited to my account.

On the day that we receive your adjudicated claim from insurance, we will call and cite the patient responsibility amount that has been assigned by insurance to you. You have provided one number above for us to reach you on. If we do not reach you on the number provided, we will leave a message. If we do not hear back from you by 3pm, we will run your transaction that afternoon before close of business(which is 5:00pm). A receipt will be emailed to the email provided above.

I, _____, authorize Avalon Park Pediatrics to run my credit card for the purpose(s) stated above.

Name on card: _____

Authorizing Person (print name): _____

Signature of Authorizing person: _____

Please read. We will be utilizing the services of Instamed, a third party vendor for credit card transactions. Instamed stores your information on a separate and secure site. Office personnel will not have access to your card, and only the last 4 digits of your card will be viewable in our system. Instamed is certified as a Level One Service Provider with the Payment Card Industry (PCI) Data Security Standard, as well as the VISA Cardholder Information Security Program (CISP). They are audited and scanned for PCI compliance and is regularly scanned for vulnerabilities by ScanAlertT and is a member of their HACKER SAFE® program.