

ESSEX RENAL & MEDICAL GROUP, LLC

Credit Card on File Billing Authorization Form

Essex Renal & Medical Group is offering a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are responsible. This would include co-payments, co-insurance and annual deductibles. Your credit card information will be kept confidential and secure, and payments to your card are processed only after the claim has been filed and processed by your insurance carrier.

**\*Our updated policy for insurance plans with in-office deductibles of \$500.00 and up, requires a credit card/HSA card to remain on file.**

I, \_\_\_\_\_, authorize Essex Renal & Medical Group to capture my credit card information and to charge my credit card as payment for any balance put into the "patient responsibility" as a result of my insurance plan's deductible, co-insurance or co-payment. I understand and agree that this payment will be processed after the claim is finalized and when we receive a copy of the Explanation of Benefits (EOB) from my insurance plan. Heart and Health Medical will also provide me with a receipt as proof of payment.

I understand and agree that this form is valid until I give a 30-day written notice to cancel the authorization to Essex Renal & Medical Group, LLC, Attn: Billing Dept., 511 S Orange Ave., South Orange, NJ 07079

I certify that I am an authorized user of this credit card, and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Patient Name: \_\_\_\_\_

Card Holder's Name (as shown on card): \_\_\_\_\_

Card Type:  Visa  Master Card  Discover  American Express Expiration date (mm/yy): \_\_\_\_ / \_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card on File Billing Authorization FAQ

Q: What is a deductible?

A: An annual deductible is the dollar amount you must pay out of your own pocketing during your plan year for medical expenses before your insurance begins to pay. For example, if the policy has a \$1,000 deductible, you must pay the first \$1,000 of medical expenses before your insurance will begin to pay. Your insurance company must receive a claim to process in order to apply balances towards your deductible.

Q: Is my credit card secure?

A: Yes, we keep your credit card info securely within your HIPAA compliant Electronic Medical Record and Billing System in addition to an encrypted payment gateway.

Q: What if I need to discuss my bill?

A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount that we are instructed by your insurance carrier to collect as part of patient responsibility on your EOB. The Billing Department can be reached at 973-762-4720. If you disagree with how your insurance carrier processed the claim you will need to contact their customer service department directly.