DERMWELLESLEY

Thank you for choosing DermWellesley, LLC for all of your dermatology needs. We are committed to providing you with exceptional care. Given the COVID-19 pandemic, we are implementing a credit card on file process to minimize in-person contact in an effort to keep you and our staff as safe as possible. This will also streamline our payment collection processes now and in the future to help minimize your hassle and increase office efficiency.

Effective immediately, DermWellesley will require patients to keep an active credit card on file.

To maximize a "no touch" check-in/check-out while in our office, your credit card on file will be used to pay your copayment at the time of your visit.

For your convenience, it can also be used to pay any outstanding visit balances (see below), purchase retail, place deposits, or pay for in-office cosmetic services.

****Please note, a NO SHOW or LATE CANCEL fee will be charged to your card if we have not been notified of an appointment change or cancellation within 24 hours of your appointment (see our full NO SHOW/LATE CANCEL policy on our website).**

FAQs

Q: How will the credit card on file process work:
A: Your credit card will be entered into our payment processing system directly and stored securely. Keeping your card on file in an encrypted payment portal enhances security and reduces your face-to face and touchpad contact time while in our office. We value your privacy and will keep your payment information stored securely in accordance with HIPAA guidelines.

Your co-payment will be charged to your card at the time of your visit with your permission.

After your visit, you will receive an explanation of benefits (EOB) from your insurance carrier that explains exactly, according to your health insurance coverage and benefits, how much of your healthcare bill is your responsibility and how much the insurance company has paid along with any contractual adjustments. As before, you can pay your bill however you would like. If more convenient for you, we can also run your credit card on file to pay your balance. Just let us know.

**** Please note, we will attempt to contact you to discuss any outstanding claim beyond 60 days. If we do not receive payment before 90 days, we will charge your card.**

Q: What if I need to dispute 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 to by your insurance carrier to collect from you in the same way that we normally determine how much to send you a statement for in the mail. If you disagree with how your insurance carrier processed the claim, please contact their customer service department directly.

Q: Will I receive a statement or receipt for the charges billed to my card?
A: Not automatically. Your insurance carrier EOB and your credit card statement will be your receipt. You can, of course, at any time contact us to have an itemized statement emailed to you.

CONSENT FOR CREDIT CARD ON FILE

By signing below, I agree to all of DermWellesley, LLC's Credit Card on File Policy (as outlined) and I authorize DermWellesley, LLC to keep my credit card number securely directly stored in the payment processing system. I allow DermWellesley to automatically charge my credit card for any outstanding balances as outlined above. These may include: Insurance denials for any reason; missed or cancelled appointments; outstanding deductibles; co-insurances; partially paid claims. Missed or cancelled appointments without 24 hour notice will be charged a $50 dollar fee.

If the credit card I give today changes, expires, or is declined, I will give DermWellesley a new, valid credit card. I understand that I am responsible for payment for all medical services provided to me. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to DermWellesley, LLC. Written notice must be submitted to our office. 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 on this form.

Patient Name:_____

Cardholder Signature:_____

Today's Date:_____