



Credit Card on File Policy - Releases

Thank you for choosing Heart Spring Health. We are committed to providing you with exceptional care, as well as making our insurance billing processes as simple and efficient as possible. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to our patients, you, the insured. This is driving many practices to adopt new financial policies to enable more efficient operational processes. Some insurance plans require deductibles and co-pays in amounts not known to you or us at the time of your visit.

To streamline our billing and payment system and to provide a seamless, convenient way for patients to pay their bills, effective immediately Heart Spring Health will require all patients keep an active credit card on file with us.

We will bill your insurance company first, and upon their determination of benefits you may receive a bill.

- Once your insurance has processed your claims, they will send an Explanation of Benefits (EOB) to both you and our office showing the amount of your total patient responsibility. You will typically receive the EOB before we do, so if you disagree with the patient responsibility balance owed, it is your responsibility to contact your insurance carrier immediately. When we receive the EOB, we will enter all pertinent payment information into our system. At that time, any remaining balance owed by you will be billed to you. All bills are sent electronically and are due upon receipt.
- If your patient balance determined by your insurance is not paid within 90 days you will then receive an email notification 7 days prior to Heart Spring Health charging your credit card on file. A receipt of payment from your credit card on file will be sent to you.

Circumstances when your card would be charged include but are not limited to: missed or canceled sessions without 36 hour notice, missed co-payments, deductible and co-insurance, any non-covered services and/or denial of services.

If the credit card we have on file for you changes, please notify your clinicians IMMEDIATELY by phone or email. It is not uncommon for people to change or cancel their credit cards for various



reasons, including when a credit card expires. That is quite understandable. If we run your credit card and it is denied for any reason, we reserve the right to charge an additional \$25 declined card fee IF we are not able to run a new credit card within 7 days.

We will contact you or leave you a phone message on the phone number you provided for us, asking you to give us a call with the new number right away. We will enter the new credit card number into your file, and that will become your new card on-file, subject to the same financial policy as the card you gave us initially.

If there is a problem with your bill/claim and it is brought to our attention after your credit card payment processes, we will investigate it and if we owe you the money, we will refund it to the same card in a timely manner. We understand that there are legitimate reasons that you may not have a credit card. If this is the case, you are welcome to leave an HSA (Health Savings Account) or Flex Plan Card on File. You may also pay for the visit with cash or a personal check.

Pre-Authorized Healthcare Form

By signing below, I agree to all of Heart Spring health's Credit Card on File Policy and I authorize Heart Spring Health to keep my signature and a valid credit/debit card number securely on-file in my account. I allow Heart Spring Health to automatically charge my credit card for any outstanding balances if they are not paid within 90 days of first statement. These may include: insurance denials for ANY reason (including no referral on file); missed or cancelled appointments; deductibles; co-insurances; partially paid claims. Missed or cancelled appointments without 36-hour notice will be charged half the time of service rate within 7 days of the missed appointment.

If the credit card that I give today changes, expires, or is denied for any reason, then I agree to immediately give Heart Spring Health a new, valid credit card which I will allow them to key-in over the phone or in person. I agree that the new card will still be subject to the financial policy listed here and may be used with the same authorization as the original card which I presented to Heart Spring Health. I understand that I am responsible for payment for all medical services provided to me by Heart Spring Health. I understand that my insurance may deny or delay payment for these services or only partially pay them, and I agree to pay what my insurance company deems my patient responsibility. I understand that this form is valid until I cancel this authorization through written notice to Heart Spring Health.

Heart Spring Health

Signature of Patient / Credit Card Holder (or Legal Guardian)

Date

Print Name of Person Signing Above

Relationship to Patient

Name on Card:

Card Number:

Expiration Date:

CCV #

Zip