



Dear Family,

As some of you may know we accept credit cards as a form of payment and many families have been using this system as a means of paying co-pays, deductible, co-insurance, benefit maximums, denials, and non-covered services. CCOF (Credit Card on File) is a rapidly growing trend in the healthcare industry. In the past year with the Affordable Care Act and Health Exchange, we have seen moderate increases in patient insurance deductibles. Therefore, we are asking all families to authorize use of your credit card to cover outstanding account balances. Some families may wish to continue to have weekly co-pays automatically charged to your card, pay via check, or cash payments.

For those with deductibles and/or co-insurance, if you have insurance contracted with our clinic, we will submit your claim for you. In approximately one to three weeks, you should receive an explanation of benefits (EOB) from your insurer that outlines what part of your service has been covered by your insurance and reveal exactly how much remains as part of your patient responsibility to pay out to the practice for services rendered. We will receive a copy of your EOB from your insurer shortly thereafter and the office will charge the card on file. Your credit card information is safely held on a secure, encrypted gateway site.

With your signature on the bottom of this letter, you are confirming that you have read and understand this practice. If a balance is due, we will charge your credit card on file with that amount, as indicated on insurance statements (EOB). If there is no balance due, your credit card will not be charged. A copy of the receipt will be emailed to you unless paper receipt notification is requested. If you are the guarantor for your household, you may file the card for your spouse or family members as well.

If you have any questions, please do not hesitate to ask.

Sincerely,

Mary Hurley OTR/L Owner of My Pediatric OT Services

Child's Name:

I, , hereby authorize, My Pediatric OT Services to retain my credit card information on file for payment purposes only.

Parent Signature

Date

Credit Card Number:

Type of Card: Visa, MasterCard, FSA, HSA, Other:

Name on Card:

Expiration:

CCV:

Zip code:

Address:

Email address:

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