

Bosco E Noronha MD PC
1265 Wayne Ave, Suite 100
Indiana, PA 1570

Credit Card on File Policy and Agreement

We implemented a Credit Card on File policy ("Policy") effective as of January 1st, 2021 at Bosco E. Noronha, M.D. P.C. As you are aware, the current state of healthcare in our market has resulted in significant changes in insurance policies, co-pays, deductibles and premiums. Unfortunately, a great deal of the financial burden now falls on the patient as a result. There are insurance plans that require deductibles and copayments in amounts unknown to you, or to us, at the time of your visit. As a result, ALL PATIENTS will be asked for a credit card at the time you check in ("Credit Card on File"), and this information will be held securely. The amount that we will charge to the credit card on file will be the financial responsibility that the insurance company requires you to pay.

Although this Policy may be different from what you are used to, it is being instituted for your convenience and to enhance your patient experience. This Policy will lower the practice's administrative expenses to allow us to focus more on providing the exceptional patient care that you have become accustomed to from Bosco Noronha M.D. P.C.

Types of Credit Cards on File

It is our policy that payment is due at the time of service ("Service"), and patients will be billed following our office's receipt of remittance advice/information from your insurance company. For the Credit Card on File, we encourage patients to keep their Health Savings Account ("HSA") or Flexible Spending Account ("FSA") cards on file. If you do not have either of these types of cards, then you can use a debit or any other credit card. In addition to HSA, FSA and debit cards, we also accept Visa, Mastercard, Discover, and American Express.

Charges made to Cards on File:

Subject to the conditions of this Policy, your Credit Card on File will be used for payment of the following:

- **Co-pays**: When you come into the office, we will ask you if you want to use your card on file to pay your copay. You may choose to present another card if preferred, or any other form of payment accepted by our office.
- **Deductibles**: Your Credit Card on File may be utilized to settle any deductible amount due after your insurance plan has paid their portion. Contact your insurance plan to determine how much of your annual deductible has been met, prior to each visit.
- **Co-Insurance**: Your card on file may be utilized to pay for your percentage not covered by insurance and not paid at the time of service. For example: If your insurance covers 90% of the Service provided, we will require the 10% balance be paid after insurance claim has been processed.
- **Outstanding Balances**: If your account has an outstanding balance, your card on file may be used to settle that outstanding balance. Outstanding balances usually occur when your deductible has not been met and / or you are responsible for paying a co-insurance amount. If the outstanding

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balance is too large for one credit card transaction, you will continue to receive billing statements and your Credit Card on File may be charged monthly until the balance on your account is paid in full.

Charges For Outstanding Balances:

You will receive an Explanation of Benefits ("EOB") from your insurance carrier that explains how much of your office visit they paid for and what your patient responsibility is. This EOB tells you exactly, according to your health insurance coverage, how much of your healthcare bill is your responsibility, and how much is the responsibility of your insurance to pay.

Following our office's receipt of remittance advice/information from your insurance company, you will receive a billing statement from us for any remaining balance due. Patients may pay their balance owed by following the instruction on the billing statement or in-office. If we do not receive payment by the date indicated on the second billing statement, we will charge your authorized card on file.

After charging the authorized Credit Card on File for an outstanding balance, a receipt will be emailed to you after the payment has been processed. If you do not have an email address on file, a receipt will be mailed to you at the address provided in your file. A receipt can be made available to be picked up in the office. If the payment is declined, we will request updated credit card information or an alternative form of payment.

Maximum Charge Limit:

Other than using a credit card for payment at the time of service, your Credit Card on File may be used to pay outstanding balances remaining on your account after two billing statements have been sent to you. For outstanding balances, you will be able to set a maximum amount that will be charged to your card each month ("Maximum Charge Limit"). Many patients set a \$250 Maximum Charge Limit. For outstanding balances, your Credit Card on File will be charged monthly until the full balance on your account has been paid.

Security of Credit Card Information

Under HIPAA, we are under strict state and federal rules and guidance to protect patient privacy and the credit card is considered protected health information. Our credit card processing vendor will store your information on a secure and encrypted site, which will enable us to charge your Credit Card on File.

Billing Disputes

Should your Credit Card on File be mistakenly run, we will refund your Credit Card on File. We will only charge the amount that we are instructed to by your insurance plan in the EOB provided to us.

Questions or Concerns

Our Practice Manager or Office Manager is available to speak with you about your account at any time during regular business hours, or you may call our billing department directly at 1-855-832-0495.

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Email Communications

You may receive e-mail communication from Bosco E. Noronha, M.D. P.C. that provide details of transactions, such as office visits and account information, or updates about ongoing transactions, such as reminders to make a new appointment. You may opt out of receiving e-mail communications at any time by notifying Bosco E. Noronha, M.D. P.C.'s office.

Agreement, Acknowledgment & Authorization

I acknowledge that I have received the Credit Card on File Policy & Agreement.

By signing below (whether through electronic signature or other means):

- I agree that I have carefully read, fully understand and consent to all terms and conditions set forth above,
- I accept responsibility for payment in full to Bosco E. Noronha, M.D. P.C. for Services rendered, and
- I agree, consent to, and authorize Bosco E. Noronha, M.D. P.C. to charge my Credit Card on File for Services, outstanding balances, and/or delinquent unpaid balances on my account.

I authorize the Credit Card on File to be charged the amount indicated below per month until my outstanding balance has been paid in full. I understand that my outstanding balance may take more than one credit card transaction to be paid in full and I therefore authorize multiple credit card transactions to the Credit Card on File.

I acknowledge and understand that in certain circumstances, such as the use of a debit card, that the use of the Credit Card on File may result in additional fees to me (such as overdraft, insufficient funds fees (NSF), over limit fees, etc.).

I understand and agree that I may remove the Credit Card on File by providing a new Credit Card on File and providing thirty (30) days' advance written notice to Bosco E. Noronha, M.D. P.C. In the event that a Credit Card on File is replaced, I authorize Boscoe E. Noronha, M.D. P.C. to charge the replacement Credit Card on File until my account is paid in full, and for any future Services pursuant to the terms of this Policy.

I certify that I am an authorized user of the Credit Card on File.

Date: _____
Patient Name (Print)

Date: _____
Witness Signature