New Jersey Dermatology and Aesthetics Center

T (732) 702-1212

**Convenient Pay Agreement – Credit Card on File**

Like many of our colleagues, our practice has been forced to make a difficult policy decision regarding our billing practices. With the changing environment in healthcare, 90% of our patients now have deductibles and/ or co-insurances in addition to their copayments. Simply put, this means their insurance companies are placing more responsibility of payment on our patients.

As with any business, the monthly expenses cannot outweigh the revenue and survive. Therefore, New Jersey Dermatology & Aesthetics Center will request a credit, debit or HSA card to be on file with our office. Similar to hotels and car rental agencies, you will be asked for a credit card at the time you check-in.

The information will be held securely in an encrypted system only accessible by select members of our staff by using your NJDAC account number.

You will automatically be emailed a receipt for the charges from our office as soon as the charge is run.

This in no way will compromise your ability to dispute a charge or question your insurance company’s determination of payment.

For balances in excess of $400, we will be happy to discuss a payment plan with you. You must contact our office as soon as your EOB is received to enter a payment plan. Payment plans are arranged with automatic payments charged to your card on file on mutually agreed upon dates of each month.

You may request additional items such as copayments, cosmetics, products, etc., be charged to your credit card on file.

You may change the payment method at any time with a simple call to our office.

We appreciate your understanding as we work together to navigate the new and troubling world of health care insurance .

Regards,

New Jersey Dermatology & Aesthetics Center

I understand I will receive an Explanation of Benefits (EOB) from my insurance company after my claim has processed.

The EOB will outline any responsibilities I have.

I understand I will not receive a separate statement from New Jersey Dermatology & Aesthetics Center and the office will use my EOB as a guide to any financial responsibilities I will have after the claim has processed.

I understand I may also request this card be used for copayments, products or cosmetic treatments, deposits etc. while I am in the office.

In signing below, I authorize and request NJDAC to charge my credit card for balances due for services rendered that my insurance company identifies as my financial responsibility.

Processing fees from my credit card company of approximately 3% will be passed through and are not considered in the capped authorization charge.

This authorization relates to all payments not covered by my insurance company for services provided to me/ my child/ spouse by NJDAC. I understand I may have multiple agreements in place at one time and each authorization stands on its own and is not a cumulative charge authorization for my family.

This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60-day notification to NJDAC in writing and the account must be in good standing.

I agree to provide an alternate card prior to the cards expiration date and will provide an alternate method of payment within 24 hours should my card not contain enough credit/ monies to cover my balance.

I understand failure to provide alternate payment methods as outlined above may result in my account being sent to collections

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Click or tap here to enter text.

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Patient or Legal Guardian

Date: Click or tap here to enter text.

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