

Dear Patient,

Starting **06/01/2018** Frederick Sport and Spine Clinic/Middletown Sport and Spine Clinic have a new financial policy that applies to ALL patients. We now require a credit card (not a debit card) to be on file as a guarantee of payment for any patient-responsible balance. This policy authorizes Frederick/Middletown Sport and Spine Clinic to charge your credit card for any patient responsible balance after insurance processing. Copays will still ALWAYS be collected at time of service.

Credit card payments will be processed by our billing company, Medical Claims Solutions (MCS) on or near the 10th and 20th of each month. MCS will email a statement showing what dates of service your payment was applied to as well as a receipt for the payment transaction. As a courtesy MCS will call or leave a message before your card is charged for any patient balance greater than \$350. If your credit card account is closed or your card has expired, please notify us as soon as possible. Declined transactions or closed credit card accounts without alternative method of payment will incur a \$50 penalty.

In our effort to be more 'green' by reducing our use of paper, you will no longer receive a billing statement in the mail from Frederick/Middletown Sport and Spine Clinic. You may request a paper copy by emailing our billing company at statements@mcsbilling.com.

Your insurance company will continue to send you an Explanation of Benefits (EOB) that explains how much your insurance paid for therapy and how much you are responsible to pay. Our new policy will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment. Questions should be directed to MCS (410)-358-5530 option #3.

Please be assured that we will not keep your credit card information on file here or on any computer or device in our offices. MCS keeps this information in compliance with all federal and consumer rules protecting and regulating the storage and use of this information (PCI SSC).

Implementing this new policy will streamline the billing procedures to more closely track with insurance payments thereby assisting you in your efforts to stay current with your payment obligations.

We appreciate your cooperation in complying with our policy.

Frederick Sport and Spine Clinic/Middletown Sport and Spine Clinic

I authorize Frederick Sport and Spine Clinic/Middletown Sport and Spine Clinic to charge my credit card any patient-responsible balance on my account.

Signature: _____

Date: _____

Printed Name: _____

Type of card: (please circle) Mastercard Visa Discover Amex

Name on the card: _____

Credit Card # _____

Expiration Date: _____ **CVV** _____ **Zip Code** _____

Email Address: _____

(For statements and receipts)

Verified by: _____