



Dear Patient/Guarantor,

We 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. Co-pays will still always be collected at the time of service.

Our billing company, Medical Claims Solutions (MCS), will send you an email with your billing statement and a receipt for the credit card payment transaction. You will receive a courtesy call before your card is charged for any patient balance greater than \$400. 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 may incur a \$50 penalty.

Your insurance company will continue to send you an Explanation of Benefits (EOB) that explains how much your insurance paid and how much you are responsible to pay. And you will continue to have the ability to dispute a charge or question your insurance company's determination of payment.

Please be assured that we do 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).

If you have a billing question, you can contact MSC at statements@mcsbilling.com or (410) 358-5530, option #4.

We appreciate your cooperation in complying with our policy.

Frederick Sport and Spine Clinic/Middletown Sport and Spine Clinic

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

Signature: _____

Date: _____

Printed Name: _____

PLEASE WRITE LEGIBLY, THANK YOU!

Patient Name: _____

Name on the card: _____

Relationship to Patient: _____

Email address: _____

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

Card Number: _____

Expiration Date: _____ CVV: _____

Address: _____

Signature: _____ Date: _____

Verified by: _____

() Please check if this is an updated card and the previous card info should be deleted.