

To our patients:

If you have ever checked into a hotel, rented a car or ordered prescriptions by mail, you are asked for a credit card, which is imprinted and later used to pay your bill. This common practice is called a Credit Card On File program or CCOF. The advantage of using the CCOF method benefits both client and business by making checkout easier, more efficient while decreasing costs.

We have implemented a similar CCOF policy – EASY PAY. When you check in, you will be asked to provide us with a credit card. This information will be held securely until your insurance company has processed your claim(s) and notified us of the amount of your responsibility. This amount is clearly listed on the Explanation of Benefits (EOB) form which is sent to you by your insurance company. Once an EOB is received, any remaining balance owed by you will be charged to your credit card up to a preset limit and a receipt will be mailed. By the same token should we owe you a refund, we will credit the balance to this card.

Per our Financial Policy; co-pays, co-insurance and deductibles will be due at the time of your visit. This program is to collect any additional responsibility *after* insurance has processed your claim.

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Using "Easy Pay" eliminates statements; all necessary information is on your EOB.  
For patients who wish to continue receiving billing statements,  
there will be a \$2.00 processing fee each time a statement is sent.

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## EASY PAY

I authorize Dale R Traficante, MD, PA to charge my credit card to pay any balance due, on my account, after my insurance company has processed my claim(s). No amount above \$100 will be charged to my credit card without notification and approval by me before the card is charged. Should the card become invalid for any reason a new one will be provided. I am aware that I may cancel this policy, in writing, at any time. *My signature states that I agree to pay the charged amount according to this cardholder agreement.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_ CVV: \_\_\_\_\_

**VISA MASTERCARD DISCOVER AMERICAN EXPRESS**

Pt# \_\_\_\_\_ CC information verified by: \_\_\_\_\_

Return completed form to Office Manager

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