

Elmhurst Dermatology

103 N. Haven Rd., Ste. 7, Elmhurst, IL 60126

Patient Demographics

Patient Name:				
Referred By:	<input type="checkbox"/> Physician:			<input type="checkbox"/> Patient:
	<input type="checkbox"/> Insurance Website	<input type="checkbox"/> Yellow Pages	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Other:
Pharmacy Name:			Intersection and Town:	
Financially Responsible:			<i>Self unless under the age of 18.</i>	
Social Security Number:			<i>If the patient is under the age of 18 list SSN of financially responsible.</i>	

Acknowledgement of Receipt of Notice of Privacy Practices

By signing this page you acknowledge that you received a copy of our Notice of Privacy Practices

Signature of Patient or Authorized Representative

Date

Disclosure of Information

In the event that Elmhurst Dermatology is unable to contact me, I give full permission to Elmhurst Dermatology to contact the individuals that I have designated below for the purpose of disclosing information pertinent to my case. This would include, but not be limited to information regarding pathology reports, laboratory tests, scheduling, and business information. By my signature below, I agree to hold harmless and waive any liability against Elmhurst Dermatology for the disclosure of information to the individual(s) designated below.

Name

Date of Birth

Phone Number

Signature of Patient or Authorized Representative

Date

OR

I do **not** agree to allow Elmhurst Dermatology to disclose any medical information regarding myself to any individual other than myself.

Signature of Patient or Authorized Representative

Date

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Credit Card on File FAQs

Frequently Asked Questions about our Credit Card Policy:

Why is Elmhurst Dermatology requiring a credit card agreement from patients?

This practice will improve efficiency for everyone, and lower total costs of providing service to our patients. It will also allow us to focus our energies on providing dermatologic care, rather than patient billing.

When will my credit card be charged?

As a courtesy to our patients, we submit claims to their insurance within a few days of providing the patient service. Claims are typically settled by insurance companies within 2 – 8 weeks after service was provided. Once a claim is adjudicated, your card will be charged for your portion.

How will I know how much the charge will be?

Insurance typically sends an Explanation of Benefits (EOB) to both the patient and the provider after claims have been settled that explains the contracted fees agreed between our office and the insurance. The EOB also shows whether any of the agreed upon fee must be paid by patient in the form of co-pay, co-insurance, or deductible. At that time, any patient balance is due in full.

What if I do not agree with the patient portion as specified by my insurance?

As the customer of the insurance company, patients can exercise procedures with their insurance for handling disputes as to whether insurance or patient is responsible for a particular fee. These procedures are typically regulated by state governments.

Our office's position is that the patient is ultimately responsible for the cost of the service provided, up to the amount allowed by an insurance plan that our office accepts. We are not a party to disputes involving what portion of payment is the patient's versus the insurance's. Nonetheless, we will provide our expertise to our patients as a resource to help facilitate understanding of what their insurance company communicates to them about their contract.

What if I still do not agree with the charge applied to my card?

Our office's billing staff will review each patient's situation before applying a charge. In the event of any question or issue, please do not hesitate to contact our billing staff or office manager and we will work to resolve it as quickly as possible.

As a last resort, our patients should rest assured that credit card issuers typically have procedures for a cardholder to dispute a charge applied by any merchant. Credit card companies can typically suspend or reverse charges if they determine it was not appropriate.

What if I don't have a credit card, or do not want to participate? Is this mandatory?

Either your social security number or credit card on file is required. Subsequent to your visit a claim will be processed thru your insurance. Any remaining balance (resulting from deductible, co-insurance, etc.) is then billed to you. Obtaining your security number or credit card helps avoid any financial issues

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In our efforts to continuously improve our patient service and office efficiency, you will be asked for a credit card number at the time you check in. That information will be held securely until your insurances have paid their portion and notified us how much, if any, is your portion. **Any remaining balance after insurance pays that is less than \$250 will be charged to the authorized card. Monthly increments of \$250 will be charged for any larger balances until account is paid in full.**

This will be an advantage to you, because you will no longer have to write out and mail us a check. It will be an advantage to us as well, because it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of health care down.

You can think of this as much like when you check into a hotel or rent a car; you are asked for a credit card which is imprinted and later used to pay your bill.

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

If you have any questions about this payment method, do not hesitate to ask.

Sincerely yours,

Elmhurst Dermatology

I authorize Elmhurst Dermatology to charge outstanding patient portion balances for me and my dependents to the following credit card:

Signature _____ Date _____

Full name on card (please print) _____

Patient name (if other than cardholder) _____

Bottom portion is shredded after entry into encrypted password-protected file.

 Visa MasterCard Discover (please select one)

Account number ____/____/____/____ Expiration Date ____/____