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Hand Therapy
Orthopaedic Rehabilitation
Orthotic Center

SPECIALISTS IN THE TREATMENT OF TRAUMATIC HAND INJURY, RECONSTRUCTIVE SURGERY, WORK AND SPORTS RELATED INJURY

CREDIT CARD AUTHORIZATION FORM

I, ____, hereby authorize Madge Dargan OT Janet Krzemienski OT PLLC, Hand Therapy Orthopaedic Rehabilitation and Orthotic Center to charge my credit card for co-payments, co-insurance, deductibles and for any unpaid balances. Any remaining credit on my account after all insurance reimbursements have been received will be refunded. The office will notify patients of any charges made.

I understand this form will not be divulged to any person not engaged in the professional use or maintenance of said files. All information will be kept as required by our federal privacy policies.

Printed name on credit card: ____

Type of credit card: (circle one) VISA MASTERCARD AMEX Expiration Date: ___________________________

Card number: ____ security code/V-code: _____________________

Billing address: ____

City: ____ State: ________________ Zip: ______________

Signature of Cardholder: _____________________________________ Date: __________________________________

WHY DO WE REQUEST THIS INFORMATION?

In order to continue to participate in managed care and to accept our patients' insurance, we need to ensure that we have a guarantee of payment on file for deductibles, coinsurance, copayments/patient liability. We have to be fair and apply the policy to all patients. We have wonderful patients and know most of you pay your balances. Unfortunately, this is not the case every time.

Healthcare is changing and repeatedly billing patients for healthcare balances has become time consuming and cost prohibitive. We will send a bill to your home (please keep your address up to date) along with a copy of the insurance explanation of benefits. We will allow you 30 days to pay your bill, if after this time, you have not contacted our office to set up a payment plan or to pay your bill in full, we will charge the card on file.

Thank you for your understanding.