

Dermatology Associates of Northern Kentucky, PSC
Credit Card Pre-Authorization

I _____ authorize Dermatology Associates of Northern Kentucky to keep my signature on file and to charge the credit card selected below for balances due at the time of service and balances remaining after claim (s) is (are) resolved. The authorization is for myself only _____ and all my dependents _____ who are patients of Dermatology Associates of Northern Kentucky, and this authorization is valid until I provide you with written cancellation.

I understand that I will receive an electronic receipt as notification of payment.

Please List Dependents' Names and Date of Birth:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Credit Card No: _____

Name on Card: _____

Expiration Date: _____

Security Code: _____

Patient/ Credit Card Holder Signature

Date

Dermatology Associates of Northen Kentucky, PSC

Credit Card on File Notification

Dear Patient/Parent/Guardian:

RE: Update for Dermatology Associates of Northen Kentucky Financial Policy

Effective June 1, 2024, we have added a convenient payment option. Patients are now given the option of keeping your signature on file and giving us permission to charge a credit card that will be kept on file. This would be used to pay for balances due at the time of service (copays, deductibles, coinsurance, non-covered services, downpayments) and balances remaining after the claim is resolved by your insurance plan. This option would also be used to pay any no-show fees (\$50 for office visit/\$100 per site for procedures) if at least 24-hours' notice is not given prior to cancellation. Please complete the attached form if you would like to enroll and thank you for your cooperation.

Frequently Asked Question

1. **When will my charge card be charged?** Your card will be charged either at time of service or once we receive notice from your insurance plan that there is a balance owed by you for services.
2. **How much will be charged to my credit card?** There is no fixed dollar amount. The amount you owe is deemed by your insurance plan and each insurance plan is different. We will only charge the amount deemed as your patient responsibility. In addition, your insurance plan is required by law to send you an Explanation of Benefits which indicates how your services were processed, paid for and the amount of your patient responsibility.
3. **Will you send me a notification that you made a charge on my credit card?** Yes, we will send you a notification. Please ensure you provide us with your email address and cell number.