

## Credit Card on File Billing Authorization Form

Denver Wellness Associates has a secure and convenient method of payment for the portion of services that your insurance does not cover, but for which you are liable. Your credit card information is kept confidential and secure and payments to your card are processed after the claim has been filed to and processed by your insurance carrier, or for which your copayment / co-insurance is already known, or in the event that valid insurance information was not provided at the time of service. Co-pays are due at time of the office visit.

I hereby authorize Denver Wellness Associates to capture my credit card information and securely store my credit card on file.

I agree Denver Wellness Associates may charge my credit card on file for the balance due when they receive a copy of the EOB(Explanation or Benefits) from my insurance carrier or for my co-pay, deductible or co-insurance amount and if I am a cash pay patient. This authorization relates to all balances not covered by my insurance company for serviced provided by Denver Wellness Associates. This could be amounts resulting from balances related to copayment, deductible, co-insurance, non-covered serviced, or denials for no coverage/eligibility but is not limited to these scenarios. Co-pays and self pay are due at the time of service. Co-insurance, deductibles and non-covered items are due 30 days from receipt of billing. I understand that account balances not paid by my insurance company are the patient's/my responsibility.

Patient care will be suspended if an account exceeds 2 non-payment for appointments within a 6 month period or if the account exceeds \$300. Following these attempts, accounts in poor standing not paid within 90 days from the date of service will be outsourced to a third party for the purpose of collection. Our office is always willing to work with patients on their outstanding balance. At any time if you need to be on a payment plan please contact the office to work out the details.

I understand that this form is valid even if I am not currently receiving treatment and is valid until I give a 30-day written notice to cancel the authorization to Denver Wellness Associates. Notice must be submitted to Denver Wellness Associates, 300 S Jackson St STE 240 Denver, CO 80209 or [billing@denverwellness.com](mailto:billing@denverwellness.com)

I certify that I am an authorized user of the credit card I provided to Denver Wellness Associates and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

[ResponsiblePartyName]

[Signature]

## Credit Card on File Billing Authorization FAQ

### **Q: How does the automatic billing process work?**

A: Your credit card will be captured and stored securely. After your insurance carrier responds and provides us your balance due, we may charge the patient responsibility to your credit card on file. Your credit card will only be charged when you have a balance owing on your account or for non-covered service.

### **Q: How will I know how much you are going to charge me?**

A: You will receive an explanation of benefit from your insurance carrier that explains exactly, according to your health insurance coverage and benefits, how much of your healthcare bill is your responsibility and how much the insurance paid along with any contractual adjustments.

### **Q: What if I need to dispute my bill?**

A: We will always work with you to resolve any issues and will refund you if we have made a billing error. We will only charge the amount instructed by your insurance carrier to collect from you in the same way that we normally determine how much to send you a statement for in the mail. If you disagree with how your insurance carrier processed the claim you will need to contact their customer service department directly. Please contact our office at (720) 724-3668 option 4 or email [Billing@denverwellness.com](mailto:Billing@denverwellness.com).

### **Q: Will I receive a statement or receipt for the charges automatically billed to my card?**

A: You will receive a statement detailing the amount owed and the charges. Your insurance carrier will send you and EOB explaining your coverage amounts. If you are needing a receipt from our office please contact our office at (720) 724-3668 option 4 or email [Billing@denverwellness.com](mailto:Billing@denverwellness.com).

### **Q: What is a Deductible?**

A: An annual deductible is the dollar amount you must pay out of your own pocket during your plan year for medical expenses before your insurance begins to pay. For example, if the policy has a \$1,000 deductible, you must pay the \$1,000 of medical expenses before your insurance will begin to pay. Your insurance company must receive a claim to process in order to apply balances towards your deductible. Even if you have a high deductible plan we encourage you to have us submit the claim to your insurance so you receive a contractual adjustment and the serviced can be applied towards your deductible.

**Q: What is a Co-insurance?**

A: A coinsurance is a portion of the medical cost you pay after your deductible has been met. Coinsurance is when you and your insurance carrier each pay a share eligible costs that add up to 100 percent of the charge.

**Q: What is a Copay?**

A: A copay (or copayment) is a flat rate fee that you will pay at the time of service each time you are seen by a provider. Your copay amount is printed right on the front of your health plan ID card. Copays cover your portion of the cost of a doctor's visit.

**Q: Is my credit card secure?**

A: Yes, we do not store your sensitive credit card information in our office. Keeping your card on file, offsite, in an encrypted payment gateway actually enhances security because it reduces exposure at each visit.

**Q: Does Denver Wellness offer payment plans?**

A: Yes, DWA will always try our best to work with a patient on decreasing their outstanding balance with a payment plan that is beneficial to both parties. To work out the details please contact our office at (720) 724-3668 option 4 for billing or email us at [billing@denverwellness.com](mailto:billing@denverwellness.com).

**Q: Does Denver Wellness charge for no show fees?**

A: Yes, DWA does charge a \$125 fee for each appointment that is not cancelled / rescheduled within **24 hours** of the start time of the appointment.

**Q: What forms of communication does Denver Wellness accept?**

A: We accept all forms of communication at our office **call, text, email, patient portal or mail** 24 hours a day. When calling the office **ALWAYS** leave a voicemail with the details of your call and someone will return your call within 24 (business) hours. We honor voicemail call times if you leave us a message detailing that you need to address such as a medication refill or cancel / reschedule an appointment. We are a busy office and limited on how many calls when are able to answer at one time. Our office main number and all staff members direct numbers are able to accept text messages. If you send us a text message someone will always respond back to you. We have a direct [admin@denverwellness.com](mailto:admin@denverwellness.com) email that you are able to send communications to as well.

**Q: Is all forms of communication at Denver Wellness secure?**

A: Yes, all forms of communications at DWA are secure.