

# South Hills Integrated Psychiatric Services, P.C.

205 E. McMurray Rd. McMurray, PA 15317 Ph: 724/ 9418760 Fax: 724/ 941-8795 SHIPsych.com

## CREDIT CARD ON FILE AGREEMENT

South Hills Integrated Psychiatric Services, P.C. (SHIPS) practice policy now requires keeping a Guarantor credit or debit card on file for every patient account as a convenient method of payment for the portion of services insurance doesn't cover, and to collect for services for which you are liable. Keeping a credit card on file will eliminate waiting for statements, mailing checks, or calling with credit card payments. *This method of payment collection will also help to promote accepting insurance as a form of payment for services rendered remains a viable financial model for this practice.*

**This agreement is required- if you chose to decline this authorization or do not maintain a valid and current credit card on file, billing and unpaid balance fees, and further actions will be implemented as outlined in the practice Financial Policy.**

Your credit card information will be kept confidential and secure. No credit card information will be kept on file in the office. Your information will be maintained through an independent merchant services vendor called PayJunction in a secure, encrypted, and fire walled program that is fully compliant with the Payment Card Industry Data Security Standard (PCI-DSS). PayJunction is designated as a Level 1 PCI Compliant Provider as well as a HIPAA Compliant Provider. Card numbers are not visible to the practice with the exception of the last 4 digits.

Payment terms:

- Co-pays and any other out-of-pocket expenses incurred during patient visits will be charged to credit card on file after the completion of the appointment (unless another form of payment is agreed upon and paid at the at the time of the service).
- Out-of-pocket charges incurred between visits will be charged to the credit card on file immediately (unless another form of payment is agreed upon and promptly paid). Please understand that out-of-pocket charges also include no show/ late cancellation fees.
- If your participating insurance policy is subject to deductibles and/or co-insurance that cannot be collected on the date of service, SHIPS will charge your credit card on file once your carrier provides an Explanation of Benefits (EOB) to the practice designating your financial responsibility for the claim. It is your responsibility to notify the practice if a secondary insurance, HSA, HRA, or other payment is expected to be paid directly to the practice to cover outstanding balances in order to avoid being automatically charged. Charges of this type will only be made to your credit card without your prior notice if, in our sole opinion, the claim was adjudicated normally. Your insurance carrier will also continue to provide you with an EOB that explains how much of your office visit they paid and how much you are responsible to pay.
- If the total amount to be charged is over \$100.00, you will be notified of the exact amount due before charging your card on file. It is expected that you will respond upon receipt of the notification indicating how you would prefer the charge be settled. If no response is returned the credit card on file will be charged.

**This authorization will remain in effect until I cancel this authorization. To cancel, I must give a 60 day notification to SHIPS in writing and the patient account(s) must be in good standing. Card expiration dates must be kept updated and will not void this written agreement.**

**I, the undersigned, authorize SHIPS to charge all patient charges that are my financial responsibility, as outlined above, to the following credit or debit card:**

Visa     Mastercard     Discover

\_\_\_\_\_/\_\_\_\_\_  
Last 4 digits of credit card number      Expiration Date

\_\_\_\_\_  
PRINT Cardholder Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Patient(s) covered by this Credit Card on File Agreement:	
_____/_____ Patient Name	____/____/ DOB
_____/_____ Patient Name	____/____/ DOB
_____/_____ Patient Name	____/____/ DOB
_____/_____ Patient Name	____/____/ DOB