

SILVER SPRING PEDIATRICS

NEW BILLING POLICY/AUTHORIZATION FORM

We have implemented a new billing policy with InstaMed. We will now securely save your credit or debit card on file to cover any balance due after your insurance benefits are applied. This policy will simplify how you pay your medical bills.

The new billing policy eliminates the hassle of mailing in a payment or having to go to our website. We do all the work for you. Plus, you will not receive a paper statement in the mail. This eliminates the chance of your personal information being viewed or stolen by others.

NOTE: When your credit card information is entered, it is encrypted and can not be viewed or accessed by our organization. Our system is registered with Visa and MasterCard and independently certified as a PCI-DSS Level One Service Provider.

I understand that once the health plan has paid their portion for my care, I will receive an Explanation of Benefits (EOB). The EOB will state any remaining balance to be paid by me. I agree that Silver Spring Pediatrics may charge my credit card the balance due upon receipt of the EOB. I also understand that Silver Spring Pediatrics may charge my credit card any open balance due as well, if they determine that a prior balance exists. There will be a maximum of \$200.00 charged without further authorization. The payment is processed and a receipt will be emailed.

I also understand that if my copay is not paid at the time of service, my credit card will be charged the following day for the copay amount.

I authorize Silver Spring Pediatrics to charge the patient responsibility balance on my account to the following credit card:

CIRCLE ONE: VISA MASTERCARD AMEX DISCOVER

Last four digits of CC number: _____ Expiration date:

Signature:

Date: _____

Printed name of parent/guardian:

E-mail address:

Printed name of patient: _____

Patient DOB: _____