

Elizabeth Etkin-Kramer, MD
Easy Pay Form

Authorization for Automatic Credit Card Deduction

If we are a participating provider for your health insurance, we will file insurance claims to your company. However, if you are found to have a deductible or co-insurance amount, you will be responsible for paying the balance with the Easy Pay Form. Please fill out the Easy Pay Form or be prepared to pay for today's visit with a credit card, cash or personal check as a self pay patient.

What is the Easy Pay Form? Why is it necessary?

Rather than spending time on bookkeeping issues we have initiated this Easy Pay Form so that the doctor and her staff can dedicate their time to patient care and patient services. Occasionally you will have deductibles and co-insurance obligations unknown to us at the time of service. These balances are determined by your insurance company. We will always try to inform you before your visit of such amount. However, the contract that you have with your insurance company will make the final determination of the amount you owe. The final determination is based on your EOB (explanation of benefits) that are received only after your visit.

Dr. Elizabeth Etkin-Kramer does not mail invoices or bill patients for balances. If we receive notice from your insurance company through their explanation of benefits that there is a balance on your account your payment will be processed with the Easy Pay Form. We will mail you a receipt. **You will be notified of any balance due by you prior to the processing of this payment.**

Your billing information will be kept in a locked cabinet and be guarded by the same privacy standards used for your medical records.

With my signature below, I voluntarily authorize Elizabeth Etkin-Kramer, MD to keep my signature on file and to charge my credit card for the patient responsibility portion of any balance incurred by me in the calendar year ending in 2017. I further represent that u shall not take any subsequent action to invalidate this credit card authorization.

I understand that this Easy Pay system will only be implemented in the following cases:

*** If a deductible /co-pay/patient responsibility portion applied by my insurance company is owed and was not collected or is greater than the amount collected on the day of service.**

I UNDERSTAND THAT I AM ENTITLED TO A REFUND SHOULD MY INSURANCE COMPANY LATER DECIDE TO PAY FOR THE SERVICE INITIALLY DENIED.

CREDIT CARD ACCOUNT INFORMATION:

PLEASE WRITE YOUR CREDIT CARD INFORMATION ABOVE

Type: MC VISA AMEX DISCOVER

Expiration Date: _____ Customer Code: _ _ _

Cardholders Signature: _____ Date: _____