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**Card on File Policy**

 Our goal is to make the billing process efficient and simple as well as reduce waste. To support that effort**, LARK Dermatology require that you provide a credit card, debit card or HSA card to keep on file with our office.** When you come in, we will scan your card and your payment information will be stored in a HIPAA compliant, level 3 secure software for future payments of medical bills. For your protection, only the last 4 digits of your card will show in our system.

Your card on file will be used to pay account balances as outlined below after insurance claims adjudication. This streamlined procedure eliminates the need for a mailed invoice, or the need for the patient having to contact our office for outstanding balances with are often minimal balances.

* Once your insurance has processed our claim, they will send an Explanation of Benefits (EOB) to both you and our billing service, *C&A Billing & Safety Consulting, LLC,* showing what your total patient responsibility is. If you disagree with your patient responsibility amount owed, it is your responsibility to contact your insurance carrier.
* If your total amount owed is $200 or less, our billing service will process the entire payment with your card on file.
* If your total amount owed is $200 or more our billing service will charge your card on file 50% of the outstanding balance with the remaining balance charged on the following billing cycle. (28-30 days)
* Ultimately, you are responsible for knowing what services are covered, how often, and how much of the cost is your responsibility. You will be responsible for any portion of services that your insurance does not cover.
* Payment is due in full at time of service for all aesthetic services and products.
* **If you would like to pay over the phone or have questions about your bill, please contact: *C&A Billing & Safety Consulting, LLC*, at 800-217-0073 or email billing@larkderm.com**

Our Commitment to You

* The security of your personal information is a top priority to us. LARK Dermatology is contracted with Hal which has been nationally recognized for their practices.
* We will promptly issue a refund in the event that a credit or refund is due.
* Your credit card information is stored in a HIPPA compliant, secure software with only the last 4 digits shown in our system.

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Card on File Authorization

I agree to place my card on file to be charged by LARK Dermatology. I authorize their staff and/or billing service to utilize my card for the purposes stated above.

Name of guarantor as it appears on card (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If this card can be used for anyone other than the guarantor specified above, please list them here:

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact our office with any questions or concerns. We appreciate your understanding and support of this streamlined process in an effort to mutually benefit our patients, office staff and environment.