ANDREA TROWERS, M.D.

EASY PAY FORM

Required

If we are a participating provider for your health insurance, we will file insurance claims to your company. However, if a service performed by the doctor is denied, not a covered service or you are found to have a deductible or co-insurance amount, you will be responsible for paying the balance with the Easy Pay Form. You have the option of filling out the Easy Pay Form, paying cash for the visit, providing a blank check made out to Dr. Trowers or being referred to another dermatologist. The validity of the credit card will be checked prior to services being rendered.

What is the Easy Pay Form? Why is it necessary?
Occasionally you will have deductibles and co-insurance obligations unbeknownst to us that have been set by **your** insurance company, leaving a balance on your bill. We will always warn you if we feel a service may not be covered, however, ultimately the insurance contract is between you, your employer and your insurance company.

Your insurance will mail you a notice of your balance. If we receive notice from your insurance company that there is a balance on your account your payment will be processed with the Easy Pay Form. Andrea Trowers MD PA does not mail invoices or bills to patients for balances. This allows us to obtain quick payment so that we may concentrate on providing you with quality medical care and not be occupied with sending outstanding balances to collection agencies.

Please complete the square below to authorize future payment for any balance which will be an out of pocket expense, **as determined by your insurance company only.** Your billing information will be kept in a **locked** cabinet and be guarded by the same privacy standards used for your medical records.

I authorize ANDREA TROWERS MD PA to keep my signature on file and to charge my credit card for the patient responsibility portion of any balances incurred by me in the calendar year ending in 2012.

I understand that this EASY PAY system will only be implemented in the following cases:
-If a deductible has been applied by my insurance company and was not collected on the day of service.
-If I am not covered by my insurance for the services rendered.
-If a service that has been provided is not covered by my insurance company.
-If you fail to cancel twenty four hours prior your scheduled appointment you may be charged a no-show fee.
-If you fail to cancel fourty-eight hours prior to your scheduled appointment for a facial, microdermabrasion, electrolysis or eyelashes you will be charged a $20.00 no show fee.

PATIENT NAME _____ **DATE OF BIRTH**_____

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 number in the boxes above

Expiration Date: _____

Customer Code

Type: Visa Mastercard American Express Discover

Name on Credit Card: _____

Cardholder's Signature: _____ **Date:** _____