

**Optimum Health Family Practice**  
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Dear Patient:

Changes in health care have mandated we improve payment efficiencies, which is beneficial to you and to the Practice. For example, when checking in to a hotel or renting a car, you are asked for a credit card, which is later used to pay your bill. This is an advantage for you and the business, since it makes checkout easier, faster, and more efficient, and it communicates the method of payment in advance.

We have a similar policy. At check in, we ask for your credit card information, which will be held securely until your insurances have paid their portion and notified us of the amount that you owe us directly. You now have 3 options for your payment process.

Option #1) Leave credit card on file. You may now pay automatically and immediately with your credit card (after we receive insurance adjustments and payments) This option is the most automated and convenient.

Option #2) Leave credit card on file. After insurance has responded (approximately 30 days), we can begin the time-consuming process of creating a more costly paper statement, which we will mail. After 60 days, if we have not received payment, we will then bill your credit card automatically with no late fees.

Option #3) We will not keep your credit card on file. You will be responsible to pay your bill immediately upon receipt with a payment method of your choice. You will have 30 days after your date of service to pay your balance in full without incurring any additional fees. After 120 days, our policy is to utilize collection agencies to assist in the collection process. Option #3 is the only collection agency potential and is not recommended.

This will be at your option, which is indicated below. We recommend and are requesting Option 1, if at all possible, with Option 2 as a second choice. This will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment.

We will continue to require that co-pays and known fees be paid at the time of your visit. If you have any questions about payment options, please do not hesitate to ask us. Thank you!

Sincerely Yours,

**Optimum Health Family Practice Staff**

Please initial the option of your choice, then sign and date:

\_\_\_ Option 1 (Recommended): I authorize Optimum Health Family Practice, LLC to charge all outstanding balances on my account to the following credit card. This will include co-pays at the time of office visits as well as any remaining balances after insurance adjustments and final insurance payments. You will then mail me a receipt documenting payment with my credit card. I will not receive mailed bills or statements.

\_\_\_ Option 2: I authorize Optimum Health Family Practice to keep my credit card on file. It may be used for co-pays at the time of my office visits. Further, you may use the card if I fail to pay any unpaid balances that are delinquent by 60 days or more from the time of the service. By choosing this option, I will avoid any late payment fees by having an automatic payment plan in place.

\_\_\_ Option 3 (Added fees apply, not recommended): Rather than use my credit card, I will pay for co-pays and known fees at the time of service and make immediate payment of mailed statements after the first statement is mailed to me. **If I delay payment beyond 30 days from the time of service, I understand that a monthly administrative fee, to cover the added administrative costs, of \$10.00 per month will also be my responsibility to pay. This option includes added fees and a collection agency, if needed, after 90 days.**

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

Credit Card Information: (Circle Card Type) VISA / MASTERCARD / DISCOVER

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on card (please print) \_\_\_\_\_