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Dear Patient:

Changes in health care have mandated we improve payment efficiencies, which is beneficial to you & to the Practice. For example, when checking into 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 & the business, since it makes checkout easier, faster, & 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 & 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 & immediately with your credit card (after insurance processes payments and adjustments). This option is the most automated & convenient.

Option 2: Leave credit card on file. After insurance processes (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, which will include 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 30 days, a \$10 per month fee will be assessed to your account to manage the additional administration of the delayed payments. After 90 days, our policy is to utilize collection agencies to assist in the collection process. Option 3 is the only option with collection agency potential & is not recommended.

This will be at your option, which is indicated below. We recommend & 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 copays & any known fees be paid at the time of your visit. If you have any questions about payment options, please don't hesitate to ask us. Thank you!

Optimum Health Family Practice Staff

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

___ **Option 1 (Recommended)** I authorize Optimum Health Family Practice, LLC to charge all outstanding balance on my account to the following credit card. This will include copays at the time of service as well as any remaining balances after insurance processes & pays. 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, LLC to keep my credit card on file. It may be used for copays at the time of service. 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 service. By choosing this option, I will avoid any late payment fees by having automatic payment plan in place.

___ **Option 3 (Added fees apply, not recommended)** Rather than use my credit card, I will pay for copays & known fees at the time of service & make immediate payment of mailed statements after the first statement is mailed to me. If I delay payment beyond 30 days from the date of service, I understand that a monthly administration fee, to cover the added administrative costs, of \$10 per month will also be my responsibility to pay. This option includes added fees & collection agency involvement, if needed, after 90 days.

Patient Name (print & signature) _____

Date: _____ **Circle Type: VISA/MASTERCARD/DISCOVER/AMERICAN EXPRESS**

Credit Card #: _____ **Credit Card Expiration Date:** _____

Name on Card (please print): _____