



CARD ON FILE POLICY

VPOS has updated our billing practice for patient responsible balances and payments. Effective 04/01/2025, we will require a credit card, debit card or HSA card to be on file with our office; OR place a deposit of \$30 on your account for an estimated patient responsibility payment of services at each appointment; excluding pre-ops, post-ops, ROP, or contact fittings.

Why the change? Our financial policy has always been proactive about keeping patients responsible for knowing their insurance plans. We want to further hold patients accountable for their time and ours. To do this, we need to ensure we have a guarantee of payment on file in our office.

What is Deductible and Coinsurance, and why am I supposed to pay these? An annual deductible is the dollar amount you must pay during the year for medical expenses before your insurance coverage begins to pay. Once this deductible is met, typical commercial insurance plans will start to pay at a higher rate but still have a patient responsible balance to meet your co-insurance rate. Your commercial insurance won't cover the medical services at 100% until you have met both your deductible and co-insurance amount. For example, if your policy has a \$2,000 deductible, you must pay the first \$2,000 of medical expenses before the insurance company begins to pay for any services. This works just like the deductible for your car insurance or homeowner's insurance policy does.

How will I know when my deductible has been met? You can call your insurance company at any time to check on how much of your deductible has been met and some insurance companies have this information available online. Every time you receive medical services; you will receive notification from your insurance company (either by mail or online) by way of an Explanation of Benefits (EOB). This will show how much they paid or did not pay, if the amount went to your deductible or coinsurance, the EOB would show how much of the balance remaining is patient responsibility.

But I always pay my bills, why me? We must be fair and apply the policy to all participants. We have amazing patience, and we know that some of you pay your balance. Unfortunately, this is not the case for everyone.

When do I have to pay for services? Any time you receive non-preventative medical care, such as vision screening and tracking, you will be expected to pay for your services until your deductible is met. If you have a very large deductible you may have to pay out of pocket for most of your specialist care visits here at VPOS. There may be a contracted amount which we must write off if we participate with your insurance plan. This will be determined by your EOB.

How will I know how much you are going to charge me? You will receive a letter in the mail or email from your insurance carrier that explains how much of our services they paid and how much you are responsible for. This is called an Explanation of Benefits (EOB). We receive the same EOB that you do. Most insurance companies will send your EOB to you first prior to sending our copy. It arrives about 10-20 days after your appointment has been billed. This is how we know how much of the service was paid by insurance and what balance is left for the patient to pay.

When will you charge my card? Once we receive that insurance EOB for your visit, we will apply patient responsibility to your child's account and send you a statement. If we have not received payment in 30 days from this statement, we will charge the credit card on file the exact amount as per the EOB that is stated to be patient responsibility. Our statement and your copy of your EOB will be your notification. If the amount being charged is over \$100 you will receive an email prior to the charge being placed; but we will collect a maximum of \$50 every month until patient responsibility is zeroed. If you choose not to keep a card on file, we will expect an estimated payment at the time of service. You will be expected to pay \$30 via cash, check, or card before you are seen, but this will not include ancillary charge that may arise out of your visit. For example, if you have a copay for \$20 and do not keep this card on file for the charge, the total collected that day for treatment will be \$50. Once we receive the EOB for your visit, we will send a statement if your patient responsibility is higher than the originally collected amount, or you will have credit on your account if your patient responsibility is lower than the originally collected amount. The best way to avoid this confusion is to keep your credit card on file.

What is PCI-DSS? Payment Card Industry (PCI) Security Standards Council offers robust and comprehensive standards to keep your card data secure. PCI Data Security Standard (DSS) provides an actionable framework for protecting payment card data security processes, including prevention, detection, and appropriate reaction to security incidents. For example, your HSA card would not work at a grocery store because each place of payment has an identification code specific to the type of card allowed at that facility.

But wait, I'm nervous about leaving you my credit card. We do not store your sensitive credit card information in our office. We store it on a secure website called a gateway. The gateway we use is a secure clearinghouse that meets the industry standards set by the Payment Card Industry Data Security Standard (PCI-DSS) and is certified at the highest level attainable. Once we enter your information through the gateway, your information is securely encrypted, and we do not have access to view or edit the information. This gateway is only used to process your payment and email you a receipt once payment is processed or create a payment plan for large balances.

When do I give you my credit card? We prefer you to fill out the Financial Policy Form in person. We will enter your credit card information into an encrypted file that will be securely uploaded into your gateway profile for that patient. With the encrypted information, we will never see all the numbers on your credit card. You can deliver your credit card information over the phone or by mail, but the most secure way is in person.

What if I need to dispute my bill? We will always work with you to understand if there has been a mistake. We will refund your credit card if we are instructed to by your insurance carrier, in the EOB they send to us, in the same way that we normally determine how much to send you a bill for in the mail.

Terms of Credit Card on File:

- I understand I must keep this card information current in this office. Cards denying could incur additional fees.
- I understand that once my insurance has paid their portion for the specialist medical care we received at VPOS, the remaining balance is my responsibility as shown on my EOB from my insurance company.
- I understand that VPOS will charge my payment card on file for the balance due once the EOB is received, and I have not paid the balance 30 from that stamen being sent to me.
- If your Health Savings Card (HSA) declines, you will receive a phone call and be given the opportunity to give us another card to use.
- If I have more than one type of payment card on file VPOS will process my HSA before charging my credit card for the remaining balance.
- If I am self-pay my payment card will be charged at the time of service.
- If the payment card is declined for any reason an additional \$50 will be applied to my account (same as a bad check fee)
- If the amount billed to your credit/debit/HSA card will be over \$100, we will take a maximum payment of \$50 a month before payment is taken and you will receive an email about this transaction.

If you have more questions, you can reach us at 804-272-8040.