

## PATIENT BALANCE AGREEMENT

Our practice is acutely aware of ever escalating healthcare costs and we are doing everything feasible to help lower them through increased efficiency. Recent changes in health benefits have resulted in larger patient co-pays, deductibles and coinsurance. It is costly and inefficient to send patients a bill/statement. As a service to our patients, we verify your eligibility and benefits prior to your first visit. Our staff is happy to assist you in estimating the portion of our fees that may be your responsibility. We request that you assist us in helping to reduce billing costs by completing the credit card authorization below. By signing the authorization, you can be assured that your credit card will be charged only for those fees that your insurance company has determined that you owe. We honor all contractual obligations with insurance companies with which we participate. You will never be charged for any amounts in excess of the allowed amounts. The amount charged to your credit card will equal the amount shown on your EOB.

**Because insurance companies commonly misquote benefits and deductible status, the credit card authorization is now a requirement for service as it provides for perfect accuracy at the lowest cost.**

I hereby authorize Patrick M. Kane, M.D., P.A. to charge my credit card for any balance for which I am legally responsible, including co-pays, deductibles, and coinsurance.

Patient Name \_\_\_\_\_ Cardholder \_\_\_\_\_

MC    Visa    AmExp    Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_