ENT ASSOCIATES OF SANTA BARBARA

John D. McCaffery, M.D.
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Credit Card Policy and Payment Agreement

Due to higher deductibles associated with most health insurance plans, there is now a greater portion of the charge that is deemed the patient's responsibility.

We now have a policy that we must keep a credit card on file for all PPO patient or patients with insurance deductibles.

We will NOT automatically charge the balance to your credit card. We will bill your insurance first and send you an invoice for any remaining amount not covered by your insurance. You may pay that balance by cash, check, or credit card (Visa or Mastercard). The credit card on file will ONLY be charged if the account goes PAST DUE by more than 60 DAYS. Even then, we will contact you first to let you know we are going to charge the balance to your credit card.

This policy is NO different than that of any other business (e.g., car rental or hotel) that asks for a guarantee of payment. Your credit card number is secure and confidential, as is all of your medical information.

This will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment. Co-pays will still be due at the time of your visit.

By signing below, I agree to have my credit card charged for any balance that is PAST DUE after my insurance has responded to the billed claims for services provided by the office of ENT Associates of Santa Barbara if I DO NOT respond to the past due notice. I understand that the office of ENT Associates of Santa Barbara agrees to charge ONLY that which is patient responsibility after billing my insurance.

I understand that by signing below, I am not waiving my rights under my credit card company to dispute any charges applied to my credit card.

I understand that ENT Associates of Santa Barbara is HIPAA compliant and that all information provided is kept confidential and secure.

I understand that ENT Associates of Santa Barbara will mail me a receipt. By completing this information and signing below, I agree to the above terms and conditions.

Check One: ☐ VISA ☐ MC Account # _____ Exp Date _____

Signature _____ Name on Credit card _____