



## Pediatric Practices of Northeastern Pennsylvania

---

1837 Fair Ave.  
Honesdale, PA 18431  
570-253-5838

27B Woodlands Drive  
Waymart, PA 18472  
570-488-9550

62 Industrial Park Road  
Lake Ariel, PA 18436  
570-689-7565

---

### Credit Card/Checking Account On File Program Q&A

#### **Why are you changing your payment policy?**

We are now keeping credit cards and wire transfer information on file so we have a guarantee of payment. Up until now, we have had trouble collecting fees from some patients, so we have made this change. Today, insurance plans pay less and patients pay more. Our practice must collect the patient portion to be able to stay in business.

#### **I don't have a credit card. What should I do?**

If you do not have a credit card, you can pay by automatic withdrawal from your checking account. If you have neither and we do not participate with your insurance company, you can be seen as a self-pay patient and pay 100% for all services in cash. We will give you what you need to file a claim with your insurance company.

If you have neither and we participate with your insurance company, a billing fee of \$15 will be applied along with the patient responsibility balance.

#### **How can I trust that you will keep my credit card and checking account information safe?**

We do not keep any credit card information or checking account information on file here in the office or on any of the computers here. We use a secure gateway that is completely compliant as required by law.

#### **Does my physician know you are requiring a credit card/checking account information on file?**

The physicians at this practice have all agreed to the credit card/checking account on file program.

#### **I've always paid my bills on time. Why do I have to give you my credit card or checking account information?**

We are required to treat all patients the same when it comes to collecting money, so we are asking all patients to comply with this policy.

#### **Who can I talk to about this policy?**

Let me have you meet with our Practice Administrator and she can review our policy with you.

#### **My insurance company told me you are not allowed to collect a penny from me until they get your bill.**

We've reviewed our contracts and we are expected to collect the patient's portion at the time of service. We will not collect any remaining balances until they are clearly your responsibility.

#### **I forgot you told me on the phone that I'd have to give you a credit card or my checking account information. Can't I see the doctor today and pay you next time?**

Our contract requires us to collect your portion at the time of service and since we have made the decision to use a credit card/checking account on file program, we will need to collect that today.