



Temecula Family Medicine has implemented a new credit card policy. Much like many other businesses such as a hotel or car rental agency, attorneys, etc. we now have a similar policy where we ask for a credit card which may be used later to pay any balance that may be due on your bill.

Co-pays are still due at the time of service.

At check in, your credit card information will be obtained and kept securely until your insurance(s) have paid their portion and notifies us of the balance due, if any. At that time, you will be sent a statement and your credit card will be charged.

Your ability to dispute a charge or question your insurance company's determination of payment will remain unchanged.

If you have any questions about our policy, please do not hesitate to ask.

By signing, I authorize Temecula Family Medicine to keep my signature and my credit card information securely on-file in my account through AthenaOne. I authorize Temecula Family Medicine to charge my credit card for any outstanding balances when due.

If the credit card that I give today changes, expires, or is denied for any reason, I agree to immediately give Temecula Family Medicine a new, valid credit card which I will allow them to charge over the telephone. Even though Temecula Family Medicine is not processing the new card in person, I agree that the new card may be used with the same authorization as the original card I presented.

Frequently Asked Questions Regarding the Credit Card on File Agreement

Do I have to leave my credit card information to be a patient at this practice?

Yes. This is our policy and it is a growing trend in the healthcare industry. Insurance reimbursements are declining and there has been a large increase in patient deductibles. These factors are driving offices to either squeeze more patients into shorter periods of time or to stop accepting insurance. We have decided to focus on becoming more efficient in our billing and collections processes instead.

How much and when will money be taken from my account?

The insurance companies on average take approximately 2 weeks to process submitted claims. Whatever the allowed amount is, your copay, coinsurance, and deductible are taken into consideration. It simply depends on your individual policy what you may owe. Once the insurance explanation of benefits is received and posted to your account, you will be sent a statement (through either email, text message or mail) showing your portion and your patient financial responsibility will be processed.

How do you safeguard the credit information you keep on file?

We use the same methods to guard your credit card information as we do for your medical information. The



card information is securely protected by the credit card processing component of our HIPAA compliant practice management system. This system stores the card information for future transactions using the same sort of technology that any online retailer would. We can't see the card number – only the last four numbers, giving us no way to use the card outside of the billing system. There is no way to export the card information out of our system. The only way to use it is to process a payment in our practice management system.

What are the benefits?

It saves you time and eliminates the need to write checks, buy stamps or worry about delays in the mail. It also drives our administrative costs down because our staff sends out fewer statements and spends less time taking credit card information over the phone or entering it from the billing slips sent in the mail, which are less secure methods than us storing the information. The extra time the staff has can now be spent on directly helping the patients, either over the phone, with insurance claims or in person.

I always pay my bills on time. Why do I have to do this?

The entire billing process is time consuming and wasteful, and the few patients that we do have to send to a collection agency end up costing a lot of money. Reducing unnecessary costs are essential to allowing us to continue to be an in-network provider with most insurance companies. Nothing is changing about how much you end up paying.

What if there is a payment discrepancy or I have other payment questions?

Please contact our Patient Advocacy Center directly to settle payment discrepancies or for other payment questions. This policy in no way compromises your ability to dispute a charge or questions your insurance company's explanation of benefits.

Will I still receive a paper bill by mail?

If you are enrolled in our patient portal through Athena health you will receive an email to your registered email address five (5) days prior to your card being charged. This allows you time to pay it online through the portal or through Athena quick pay if you would like to use an alternative form of payment. If you do nothing then your payment will be processed on your card on file. Alternatively, you may receive a text message notifying you of a payment due. You should also receive an explanation of benefits (EOB) from your insurance provider detailing what it did and did not cover.