

Dr. Bruce Millman

Dr. Bruce Millman D.O. PLLC Discontinues Patient Statements (Bills)

Card on File Policy required

Effective January 1, 2023

Dear Patients,

You will no longer receive statements from us in the mail. We now require a credit card, debit card, or health savings card (HSC) on file with our office.

As you are aware, healthcare has undergone dramatic changes in the past few years. High-deductible health plans are now a mainstay in the healthcare landscape. This means that more responsibility of payment is being placed on patients. We need to ensure that patient balances are paid in a timely manner.

If you have ever stayed at a hotel or rented a car, you are familiar with the concept of having a credit card on file. Your credit card, debit, or HSC is stored in a secure, encrypted manner and only accessed and charged if there is an outstanding balance due.

As of Jan 1, 2023, Dr. Bruce Millman D.O. PLLC has adopted a "Card on File" (COF) policy.

At the time of registration (NEW or follow ups), we will request your card information. Your card numbers will be encrypted and stored securely off-site. No credit card numbers are stored at our practice locations. Once we receive your Explanation of Benefits (EOB) explaining what your insurance company will pay towards your office/hospital visit, we will wait approximately 5 days, then will charge your card on file for any balance that is your responsibility. The usual copays will still be collected/charged at the time of your visit/test as well. The EOB information we receive is similar to the EOB that you receive via your insurance company/Medicare.

"Card numbers" mentioned below includes credit card, debit card, or health saving account cards.

FAQ

Why the change?

There are several reasons. First, statements are wasteful of paper, stamps, and envelopes. Second, we need to ensure that we have a guarantee of payment on file in our office. Things are changing in healthcare, and we need to be sure that balances for which the patient is responsible are paid in a timely manner.

But I always pay my bills, why me?

We have to be fair and apply the policy to all patients. We have wonderful patients, and we know that most of you pay your balances in a timely manner. Unfortunately, this is not the case every time.

How will I know how much you are going to charge me?

You will receive a letter in the mail from your insurance carrier that explains how much of your office visit they pay and how much you pay. This is called an Explanation of Benefits (EOB.) This letter tells you exactly, according to your health insurance coverage, how much of your health care bill is your responsibility and how much is the responsibility of your insurance company to pay.

Any other balances (i.e. no show fees, late cancellation fees, disability/other form completion fees, other fees per our policy) will be charged as well.

Then what?

We receive essentially the same EOB letter information that you do. It arrives about 20 - 30 days after your appointment. We look at each Explanation of Benefits (EOB) carefully, and see what your insurance has determined as patient responsibility. This is the same way we previously normally determined how much to send you a statement bill in the mail.

But wait. I'm nervous about leaving you my credit card or debit card.

We do not store your sensitive credit card information in our office. We store it on a secure website called a gateway. We access your information on this site only to process a payment.

Unlike some retail stores that have been featured in the news recently for data breaches due to skimping on protective technology, we follow the Payment Card Industry Data Security Standards to the letter and will not compromise your data security. Medical practices are used to having to secure information under HIPAA laws, and we already have policies in place for any credit card information we come into contact with.

Keeping the patient's card on file, offsite, in an encrypted payment gateway enhances security because there are fewer human touches in the process that can invite fraud. If patients swipe their cards at every checkout for time of service payments, then their card data is exposed at every visit. If the card is handed to an employee to swipe, the card is exposed magnetically and it is exposed to another human being. With a credit card on file system, after the initial swipe, the patient doesn't even have to bring the credit card to the visit, or enter the PIN during the visit.

What about identity theft and privacy?

Under HIPAA, we are under strict rules and guidelines in terms of protecting patient privacy, and the credit card is considered protected health information. Card numbers are encrypted and stored securely off-site. No card numbers are stored at our practice.

What if I don't have a credit card?

You're welcome to leave a HSC or debit card on file instead.

What if my card is declined or expired?

We will contact you to update the information. If your account becomes delinquent, you will be sent to collections.

What if I want to change the card on file?

You can give us your new card number at anytime by calling or at your next visit to update your card on file information

When do I give you my card?

We ask that you complete the card authorization form. This agreement will apply to all family members on your account. Once we have entered your card information into our financial institutions encrypted system, the card information will be destroyed. Our staff will only be able to see the last four digits. You can also deliver your card information over the phone or by mail if needed paragraph what if I have two insurance plans?

What if I have two insurance plans?

Even with two insurance plans you may still owe a small balance that is your responsibility to pay as before paragraph is this balance billing?

Will you send me a bill to let me know what I owe?

Dr. Bruce Millman D.O. PLLC will not send patient statements, which wastes paper, stamps, and envelopes. All patients are required to keep a card on file (credit, debit, or HSC), but we do not charge anything to your card except the balances that are your responsibility.

What if I need to dispute my amount billed?

We will always work with you to understand if there has been a mistake, and we will refund you if we have made a billing error. We will only charge the amount that we are instructed to by your insurance carrier in the same way that we normally determine how much to send you a bill for in the mail.

Is this the same as “signing a blank check”?

No. Card on file is similar to what a hotel or rental car company does a check in. All credit card or debit card contracts give card holders the right to challenge any charge against their accounts.

What is a Deductible and How Does It Affect Me?

An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance coverage begins to pay.

For example, if the policy has a \$500 deductible, you must pay the first \$500 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. Of course, please contact your insurance company for more explanations on deductibles.

When does a deductible begin?

Your deductible begins at the start of your plan year. Most plan years begin either January 1 or July 1, but plans can start on any date.

When do I have to pay for services?

Any time you receive medical care, you will be expected to pay in full for your services until your deductible is met. If you have a very large deductible, called a high-deductible insurance plan, you may have to pay out of pocket for most of your primary care services.

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 with how much they paid or did not pay if the amount went to your deductible.

What if I have more questions?

Our staff is happy to speak with you about your account at any time.

Card on File policy

We require all patients to pay at time of service. You will be charged for every visit (outpatient and inpatient) for any outstanding deductible, co-insurance or co-pay due, as well as any fees for services not covered by your insurance plan (per our financial policy).

	What You Do	What We Do
Medicare	Pay your deductible and co-insurance (20% of the allowable.) If you request any services that Medicare does not cover, you agree in writing to pay our regular fee for those services. A credit card will need to be left on file for co-insurance and deductible.	We will file Medicare for you.
Medicare + Secondary Insurance	No payment due at time of service.	We will file Medicare and your secondary insurance for you.
Medicare + Medicaid	No payment due at time of service.	We will file Medicare for you.
HMOs (PrimeCare, IEHP, Molina)	Pay your co-pay at the time of service.	We will file your insurance for you.
PPOs we are contracted with	Pay any co-pays, deductible, co-insurance at the time of visit. If we are unable to calculate payment, card on file will be charged at a later time when that information becomes available.	We will file your insurance for you.
Insurance we are not contracted with	Pay the visit in full at time of service.	We will provide you with an itemized receipt.
POS	Will be treated as HMO or PPO above, depending on which benefits you choose to use at the time of service.	We will file your insurance for you.
Health Savings Account (HSA)	Your HSA credit/debit card must be on file.	We will file your insurance and if the amount due is not paid via your HSA, we will charge your HSA credit/debit card on file.