“Card on File: The Future of Patient Collections?”

An exploratory look into the future of patient payments for healthcare services with credit card numbers on file

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Introduction

Medical practices and facilities daily face the challenge of how to collect the payment for services rendered, especially when it comes to patient balances. Knowing that financial stability is essential to the continued operation and success of each organization, medical practice owners and executives need to seek workflow and processes to enhance cash flow and stability. The majority of a medical practice’s income is a result of healthcare provided to individuals and the successful collection for those services. Payment for services routinely come from one or two sources; some type of health insurance reimbursement and/or patient’s self-payment. The percentage of patient’s individual, out of pocket financial responsibility has increased in the past decade. The challenge remains: What is the most effective manner to collect patient balances and expected balances, especially while waiting on primary carrier adjudication of claims?

Purpose

This paper explores the legal issues and feasibility of adopting a model similar to retail sales in which credit card information (Card on File) is stored for patient and provider convenience and efficiency in financial transactions. The impact of reduced overhead due to minimization of collection activity as well as the potential for reduced time of patient balances in accounts receivable (A/R) could significantly impact a practice’s bottom line and improve cash flow. Potentially, card on file could give options to practice executives and patients creating a win/win with regards to patient balance collections.

Background

Patient Balances Increase

In the past decade the patient’s portion of healthcare costs has increased significantly due to greater utilization of high deductible health plans (HDHP), increased co-pay amounts, as well
as health plan cost-sharing. The National Center of Health Statistics reports that in 2008, 19.2 percent of patients were covered by a high deductible health plan which increased to 32.5 percent in 2013.\(^1\) According to the Milliman Medical Index (MMI) between 2007 and 2013 a patient’s out of pocket annual healthcare expenses increase by 78\%.\(^2\)

The 2013 employee out of pocket average healthcare cost of $9,144 per year, for a family of four, is similar to the annual cost of groceries for that same family\(^3\), as documented by US Dept. of Agriculture. This comparison helps to demonstrate the financial burden faced by the average family as a consequence of their families’ medical healthcare decisions. The fact that many healthcare visits are a result of unexpected health conditions, which may result in lost work hours and thus further exacerbate the financial stress.

Geisinger, a large integrated health system in Pennsylvania serving 2.6 million individuals, reported that they experienced a 53% increase in outstanding self-pay accounts receivable from 2008 to 2012 \(^5\). The McKinsey Report states that consumer debt continues to rise with 65 billion dollars in uncollected revenue in 2010, the fastest-growing portion being from

![Chart](image_url)

**Chart created from MMI Reports for Total Average Healthcare Expense, for Family of Four, including Health Insurance Premiums and Out of Pocket Expenses**

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insured patients failing to pay after insurers have paid their portion of medical bills\textsuperscript{6}. A 2014 study done by NerdWallet states in 2013; 20% of American adults were struggling to pay their medical bills as well, three of five bankruptcies were due to outstanding medical bills\textsuperscript{7}.

Due to declining reimbursements overall, there’s an increased focus from healthcare providers and facilities, that at one time could afford to write off small or uncollected patient balances, to now collect every possible dollar. The large recently increasing self-pay accounts receivable, combined with the need to ensure complete collections to keep practices profitable, has created a need for practices to explore new and creative methods of patient self-pay collections.

**Competing For Payment**

The Federal Reserve Bank of New York reports household debt increased in Q1 of 2014 along with a small overall 0.2% decrease in the +90 day delinquency rate on debts\textsuperscript{8}. This decrease could be good news, however, we know that employee’s out of pocket healthcare costs are still rising faster than annual compensation increases. Every day individuals are faced with competing financial obligations. A quick search of the internet with the question, “Which bill do I pay first?” produces 50 pages of links totaling over 1 billion hits with advice from many sources ranging from reputable financial sites to personal opinions. Many of these sites offer the same advice to prioritize one’s liabilities in the following order: housing, food, utilities, car, child support and taxes, then student loans and credit cards, leaving medical bills last. One internet reference, WikiHow, goes so far to note that medical bills offer a bit more lenience than most other kinds of loans and generally are looked at differently than other missed payments, even on a credit report\textsuperscript{9}. A secondary internet search with the question “Will medical bills affect my credit” produced over 1 million results. At this point it doesn’t matter what is reality or simply wishful thinking, a patient can get whatever answer they want from the internet. This leaves medical
providers and executives struggling with the task of successful collections on self-pay balances that are perceived as unimportant or even an inherent right to care without financial responsibility.

**Methods of payments**

Methods of payment transactions have been changing. The Huff Post, Money section, states that in 2011; 27% of point of service transactions were paid with cash, 66% percent credit, and only 7% with checks. They report that the use of credit and check cards will continue to grow while utilization of cash and check will steadily continue to decline\(^\text{10}\). Although there are costs associated with the acceptance of credit cards as payment, a report in All Business the Healthcare section, reports that most healthcare consultants advise that the costs associated with billing patients and working unpaid accounts receivable, far outweigh the transaction and monthly fees associated with credit card acceptance\(^\text{11}\). The McKinsey report notes that 15 cents of every dollar spent on healthcare is lost; on claims processing, payments, billing and revenue cycle management, and bad debt\(^\text{12}\).

**Rules and regulations**

**Governing Bodies**

The Federal Trade Commission and its sub committees create the rules regarding the Standards for Safeguarding Customer Information (Safeguards Rule). The Final Rule was published and effective May 23, 2003. The Safeguards Rule requires companies to protect customer information in all areas of their business. The top three areas noted as needing to be addressed (due to high risk) are; Employee Management and Training, Information Systems, and Detecting and Managing System Failures\(^\text{13}\).
Security Standards

A secondary governing body is Payment Card Industry (PCI) Security Standards Council. They publish the Payment Card Industry Data Security Standard known as the PCI DSS. The PCI DSS applies to all entities involved in payment card processing as well as entities that store, process and transmit card holder data. They have a minimum set of requirements for protecting account data. However, they do not supersede local or regional laws, government regulations, or other legal requirements. The PCI DDS has a high-level overview of 12 requirements, as noted here:

| Build and Maintain a Secure Network and Systems | 1. Install and maintain a firewall configuration to protect cardholder data  
2. Do not use vendor-supplied defaults for system passwords and other security parameters |
| Protect Cardholder Data | 3. Protect stored cardholder data  
4. Encrypt transmission of cardholder data across open, public networks |
| Maintain a Vulnerability Management Program | 5. Protect all systems against malware and regularly update anti-virus software or programs  
6. Develop and maintain secure systems and applications |
| Implement Strong Access Control Measures | 7. Restrict access to cardholder data by business “need to know”  
8. Identify and authenticate access to system components  
9. Restrict physical access to cardholder data |
| Regularly Monitor and Test Networks | 10. Track and monitor all access to network resources and cardholder data  
11. Regularly test security systems and processes |
| Maintain an Information Security Policy | 12. Maintain a policy that addresses information security for all personnel |

Does HIPAA Apply?

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 required the U.S. Department of Health and Human Services to create regulations concerning the privacy and security of protected health information (PHI). This led to the creation of the HIPAA Privacy Rule and HIPAA Security Rule. The Privacy Rule protects health information in any form, and the Security Rule protects PHI in electronic form. The Office for Civil Rights established in the
Privacy and Security Rule Summary that PHI is “individually identifiable health information”, including demographic data relating to past, present, and future payment for provision of healthcare to an individual. Although credit card security is not specifically mentioned or outlined in the HIPAA Security Rule, storage of such information within a medical practice or within an electronic health record system would leave the practice vulnerable to HIPAA fines and penalties, should a security breach or theft occur.

Who Has Access

Storage of credit card numbers within a practice leaves the big question of who has access to such information. If they are stored on paper, who has access to the paper and is it vulnerable to theft. If stored within an EHR, this broadens the access to any staff that has access to patient information, leaving a big hole in security. These are violations of the PCI DSS standards, as well as Section 5 of the Federal Trade Commission Act (FTCA), which address “Unfair or Deceptive Acts or Practices”. Section 5 applies to all persons or businesses engaged in commerce. The FTCA defines unfair practices;

An act or practice is unfair where it (1) causes or is likely to cause substantial injury to consumers... Substantial injury usually involves monetary harm

A loss or theft of credit card numbers, while stored within a practice walls or in an EHR, is an open door to a litany of violations through several governing bodies, as well as potential embarrassment to providers and/or an organization.

Alternatively, there are third party vendors that have created a niche of offering the service of “holding” credit card numbers on file without leaving any information within the EHR system for staff to see and access. Having a third party vendor storing the information does resolve some of the security issues. However, the method of transmittal from the medical practice to the third party receiving the credit card information must also be addressed. It is
essential to ensure that there is a secure way of sharing that information. Practice management systems have started incorporating this connection as one of their service benefits.

**Authorizations, Notifications, and Waivers**

The need for an authorized card holder’s signature on charge slips have gone through several changes over the years, at the discretion of credit card companies. They seem to be standardizing the approach to when signatures must be captured. MasterCard and Visa have similar standards, since October 12, 2012, stating that charges of $50.00 or less do not require an authorized signature (for most business types). They also note that a receipt isn’t necessary unless requested by the customer\(^\text{17}\). The requirement for IRS tax documentation of medical expenses, or the requirement to produce a receipt for a Health Care Reimbursement (HRA) eligible transaction, falls into a separate category and will probably require medical practices to supply receipts at the time of service. American Express and Discover Card have a similar program, requiring no authorized signature for services of $25.00 or less\(^\text{18}\). For services that could potentially be over the above noted limits, as in possible adjudication of claim balances, a signature authorizing the charge is recommended for protection against charge back disputes. These signed charges, or authorizations to charge when keeping a credit card on file, should be kept and maintained for a minimum of 18 months to defend against a consumer dispute. The statute of limitations for a consumer to initiate a chargeback is 18 months after appearing on their statement.

Notification of charges being applied to a credit card are not specifically addressed in any of the regulations but may be addressed by your individual consumer agreements. There is a burden on the consumer to dispute charges that they feel are not valid. A credit card charge without a valid consumer signature is subject to the dispute resolution process.
Should Practices or Facilities implement a Card on File Program?

Pros

A survey, for this paper, was conducted of 100 practice executives from the Medical Group Management Association (appendix A). In response to the question, “Has the percentage of self-pay balances changed in the past few years”, 82% note that there has been an increase. Furthermore, when asked about their practice A/R, 32% reported that more than 10% of their total A/R as self-pay responsible. Twenty-five percent of practice executives report that the number jumped to 51% when asked about of their A/R that is over 120 days old.

It would make sense that the potential of improved collections, in both increased payments and timely collections, would appeal to all practice owners and executives. Credit card on file has the potential to streamline office flow by eliminating the need for statement billing and collection calls thus reducing overhead. If the concept, which has been adopted by major retail vendors like Amazon, could be embraced by patients as a safe and effective means to pay their medical bills, collections could be improved. At the same time that volume and speed of collections improve, patient satisfaction may increase due to perceived convenience of this process.

Cons

Patient privacy and security have always been a focus factor in healthcare practices and facilities. With the rash of recent security breaches and large-scale hacking of large companies and government agencies, patients as well as practices are cautious regarding the protection of sensitive information. The risk involved with holding patient credit card information is not one that should be taken lightly. Practices should understand and observe the many regulatory requirements established to protect this information. Due to the complicated responsibilities and multiple governing bodies, as previously mentioned, medical practices may not be willing to accept the additional risk of having credit cards on file.
Lastly, there is also the question, will patients want their medical office to behave like a retail type store? Will patients be open minded and consider the financial aspects of receiving healthcare along with the convenience of having their credit card on file to ensure timely payment? Currently, as noted in the background of this article, patients and others still don’t have a sense that their medical balances are as “important” as other financial obligations. This long-standing stigma may be difficult to overcome in the minds of patients.

**Strategies for Creating a Credit Card on File Financial Policy**

**Compliance**

The ability of a practice to comply with security measures while considering a card on file program is going to be the key deciding factor in implementing a program. Review of the PCI DSS minimum standards should be compared to the IT infrastructure within the practice or facility. Consideration or review of third party vendors along with their ability to interface with current practice technology could make the security compliance an easier transition. Once the feasibility of compliance is considered, does the practice still feel that the potential positive outcome of a card on file is worth implementing?

**Policy and a Procedure**

If the decision has been made that security can be maintained and a card on file policy is going to be established within your practice or facility, then a well thought out policy and procedure are required for hopes of success. (*Sample Card on File Procedure provided – Appendix B*) (*Sample Card on File Agreement provided – Appendix C*). Questions that should be considered include:

- Will you be using a Third Party Vendor or in-house management of the program?
- Will a card on file be mandatory or optional?
• What is the standard authorization amount requested by the practice and can anyone change the amount?
• How long will the authorization be valid within your facility?
• Will all patients be asked or only certain service lines; like those with high deductible plans, questionable coverage items, or large ticket items like surgery?
• How will the work flow fit into your practice? Who is asking and establishing the credit card on file? Who will charge the card and when? Will you notify the patient at the time of charge and how?
• Will there be a discount for keeping a card on file and paying balances timely and how would that fit into your work flow?
• What will happen if a card is declined or previous agreements expire?
• Where and how will signed authorizations be saved?

Education and Training

Take the time to discuss the idea with several staff, in differing areas of the practice. Hear the feedback but also listen for the undertone to get a sense if the staff believes in the program. Staff members that don’t believe in the importance of a project can sabotage its success by a halfhearted implementation or none at all. John Kotter, author of “Leading Change”, notes that allowing too much complacency and a failure to firmly anchor changes into the corporate structure often results in new strategies that are not implemented well or don’t deliver hoped for results. As part of the Practice Executive Survey, 34 shared that they had a credit card on file program already; 1% said it didn’t work, and 21% noted it was slow to catch on.

Take time to accentuate the positives of your program. Highlight the convenience both for patients and staff, due to reduced work requirements on the back end as well as the expected improvement in cash flow. Discuss some of the potential challenges to the program and how
they can be overcome or improved. In order to have patient buy-in, your staff will need to buy-in too.

Patients may need to be reminded that the same security standards would be applied to their financial information as has been utilized in managing their PHI. Staff need to be trained on how to appropriately ask for a credit card on file as well as how to clearly explain the security of leaving that information with your practice. Train on the security measures stressing the sensitivity of the information they are capturing. Ensure that your procedure is communicated well and have trial runs to ensure the flow works for your facility. Having printed materials explaining the process or scripts for staff when communicating with patients, may enhance patients’ comfort with this new financial endeavor (Sample Customer Service Scripts provided – Appendix D).

Lastly, when discussing your policy and procedure be sure to establish, in advance, the review and oversight within your practice. PCI requires an annual compliance review of your security measures but a more frequent review would be prudent. Complete confidence that your patient information is secure will, in turn, protect the practice or facility

Conclusion

It appears that the technology and oversight is available for ensuring a successful Card on File program. In the Practice Executive Survey, 15 executives (18%) noted that their Card on File program was a success19. It further appears that one of the greatest hurdles to a successful program will be staff and patient education. Know up front that Card on File is going to be a change of mindset, which will require patience when receiving push back that inevitably comes with change. For those that have been in the business long enough, you may remember what a difficult hurdle it was to encourage patients to pay their copays up front instead of billing them, as had been the long-held practice. This change improved practice workflow, collections, and
reduced billing overhead. It appears that Card on File could have a similar impact. It took years for the upfront copay to be a standard practice and Card on File may follow the same adoption path. It does mean, that there need to be practices and facilities that are willing to be the leaders in changing the financial frame of mind.

Summary

It is well documented, through literature research and a survey that patient responsible balances are increasing each year. Patient self-pay is a large part of most practice’s oldest A/R. Medical practices and facilities need to find ways to increase the total patient balance collections while improving the timeliness of those collections, all while reducing collection costs. There needs to be a philosophical change for patients when it comes to understanding that medicine is a business that needs to stay solvent to survive. It may be time to borrow a practice from top retail firms and embrace the credit card on file concept, for patient convenience as well as for ease and speed of collections. There are security standards that are readily achievable within the medical community for an implementation of a Card on File program. Successfully establishing a policy and procedure while emphasizing security to ensure patient financial safety, can enhance your current collection process. Change always comes with challenges, and in a large industry like medicine change will take time. Reimbursement models are changing and medicine needs to be able to adapt in order to become a stronger entity, able to serve our patients and community while remaining financially stable. Adopting new and innovative ways to financially service our patients, ensuring that the healthcare world remains solid and within a patient’s reach, is a vital part of the total patient care experience.
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Appendix B

Sample Card on File Procedure

_The Company_ has a secure method through our _EHR/PM Vendor_ connection to establish a credit card on file program. _The Company_ will never maintain (document) credit card numbers within the patient account, medical record, nor within our facilities. A credit card on file payment arrangement must follow this procedure.

**EHR/PM Documentation:**

- Front desk staff will discuss credit card on file, according to provided scripts.
- To obtain the credit card on file, click *(insert work flow)*
- Swipe the credit card for payment (this number is not stored in the EHR/PM system and cannot be accessed by any staff member after the swipe).
- Card on File agreement will only be referenced by last four digits of the card
- Print the contract, having card holder sign. Provide copy of contract to patient and keep original.

**Contract Maintenance:**

- Card on file remains an optional payment arrangement, however, it is encouraged to be established with all patients.
- Card on file arrangements are made for a one-year contract with a $_____.00 maximum per contract.
- Card on file contracts must only be established in-person and signature obtained
- Signed contract must be maintained within the financial department and stored for a minimum of _____ *(encouraged for 18 mos. or more)* years from the date of execution.
- If a card is declined or expired, contract will be null/void. Patient must either re-establish a new contract or change payment method
- Once maximum amount has been charged, agreement will expire regardless of time frame.
- Patient has a right to cancel the contract at any time. Contact billing or the practice manager.

**Using Card on File:**

- Patient is able to use the card on file for any/all charges and balances they accrue during their visits within that year.
- To use the card on file, the staff member would need to click on the card on file option in the payment screen and follow the payment prompts.
- Payments made in the office will receive a receipt for the transaction.
- Payments over the phone or by automated claim adjudication balance receive email receipts
- After claim adjudication, an email will go to the patient 5 days prior to charging balance. Patient has 5 days to contact the office if alternative payment arrangements are desired.
Appendix C

Card on File Agreement

TERMS

Maximum charge amount: $_________
Effective date: (today's date)
Expiration date: (one-year from today’s date)

I agree to allow The Company to charge my credit card (card type ending in ****) for any amount not covered by insurance (up to the maximum charge amount), for all services provided by The Company to the patient(s) on or after the effective date and before the expiration date. I acknowledge that:

- My credit card will be charged upon review of the final explanation of benefits from each applicable insurance company for service provided while this agreement is in effect.
- Once a total of $____.00 has been charged to my credit card under this agreement, The Company will bill me directly for any amounts not covered by insurance.
- My credit card will be stored by _________, Inc., a secure credit card processor affiliated with _____ Bank that partners with The Company to collect payments.
- I will receive receipts detailing the amount charged.
- I may cancel this agreement at any time by contacting The Company; any unpaid amounts relating to services provided while this agreement is in effect that are not covered by insurance will then be billed to me directly.

PAYMENT INFORMATION

Merchant ID:
Date/Time:
Card Type:
Card number ending in:
Cardholder name:
Transaction type: AUTHORIZATION
Approval code:
Reference number:
Patient ID:
Agreement ID:
Cardholder email:

Cardholder Signature: ________________________________
Appendix D

Staff Customer Service Scripts
Credit Card on File:

*The Company* encourages card on file to be used for the following payment situations. Learn and use the following scripts for successful communication about this transaction type:

**High deductible:** “Mr. Smith, your insurance plan states that you have a high deductible that has not yet been met. In order to prevent the need to pay in full or put a deposit on your account, we can place your credit card securely on file. Your visit today will be billed first to your insurance and when the EOB returns with the balance owed, an e-mail is sent to you about the balance due. Your credit card will then be charged without you having to do anything. HRA or HSA cards also work. Which credit card would you like to use?”

**Cash Services:** “Mr. Smith, we have a secure system for storing your credit card on file so that you don’t need to bring your credit card with you to each visit. We can charge your card on file when you arrive and provide you with a receipt.”

**Procedures with questionable co-pay:** “Mr. Smith, insurance plans sometimes require a copay for procedures and sometimes they do not. If you would prefer not to pay your copay today until we know how the visit will be processed, you can put your credit card securely on file. When the insurance notifies us of any balance due, an e-mail is sent to you and your card will be charged without you having to do anything. This works well with HRA or HSA plans also and prevents the possibility of credit balances on your account. Which credit card would you like to use?”

**Surgery:** “Mr. Smith, your surgery is being scheduled and it is difficult to know exactly how much will be your responsibility until the claim is processed by your insurance. We can either take a deposit of $________ today or you can place your credit card securely on file. With this option, the surgery will be billed first to your insurance for processing. When the EOB returns with the balance that you owe, your credit card will then be charged after an e-mail is sent to you to notify you of the balance due. This works well with HRA or HSA plans also. Which credit card would you like to use?”

**Co-pay each visit:** “Mr. Smith, each visit you faithfully pull out your credit card to pay your co-pay. I wanted to let you know that we have a secure system for storing your credit card on file so you won’t need to present your credit card at each visit. We can charge your card on file when you arrive and provide you with a receipt. This also works well with HRA or HSA plans cards. Shall I place this credit card on file for you?”