

## *Neurology and Sleep Medicine Associates*

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1492 South Mill Avenue, Suite 214, Tempe, Arizona 85281  
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(480) 967-6888; FAX (480) 967-6887

To our Patients:

As of 03/25/09, our practice has implemented a new policy that will require a copy of a credit/debit card number or your HSA (health savings account) card number on file.

This information will be held securely, and will be used to pay any remaining balance after insurance payments, (including deductibles), missed appointment fees and monthly payment agreements. This will benefit you, since you will no longer have to mail checks or call with payment. It will benefit us as well since we are a paperless office and will no longer have to generate and mail statements.

After we file a claim with your insurance company, you will receive an Explanation of Benefits from your insurance company, which will state the amount the patient is responsible for. If you have any questions regarding your EOB, please do not hesitate to call us. The amount owed, if any, will be charged to your card and you will not receive a statement from us. **Our billing department will attempt to contact you before anything is charged to your card; if we are unable to reach you and must leave a message, we will give you 24 hours to respond before charging your credit card.**

If we do not have a credit/debit card or HSA card number on file and it becomes necessary to send you a statement, you will be assessed an additional \$15.00 administrative fee.

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Visa/MC/Discover

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Card Number

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Exp date

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Cardholders Name (print)

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Patient Name (print)

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Signature

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\_\_\_\_\_

Date

