

DOCS Dermatology Group Auto Pay Policy

As part of our continued commitment to providing high-quality care and improving the patient experience, DOCS Dermatology requires all patients to keep an active credit, debit, or HSA/FSA card on file. This card may be used for co-payments, co-insurance, deductibles, or any charges not covered by your health insurance.

This policy helps ensure timely resolution of patient balances, reduces administrative delays, and allows our team to stay focused on what matters most, your care. We appreciate your understanding and cooperation.

For more details, please review the frequently asked questions below.

Why Do We Require a Card on File?

With the growing number of high-deductible health plans, patients are now responsible for a larger portion of their healthcare costs. To help simplify the payment process and ensure timely payment for services provided, DOCS Dermatology requires a credit, debit, or HSA/FSA card to be kept securely on file.

This approach streamlines billing, reduces delays, and allows our team to stay focused on delivering high-quality care.

Why Keep a Card on File?

At DOCS Dermatology, having a card on file offers several benefits for you as a patient:

- **It's convenient.** You won't need to worry about mailing checks or calling to make a payment—your balance is handled automatically after your insurance processes the claim.
- **It speeds up the billing process.** Once your insurance tells us what you owe, we'll notify you and then process the exact amount—no delays or extra steps.
- **You stay informed.** You'll receive a notification before any charge is made, so there are no surprises.

- **It avoids unnecessary bills.** By handling payments promptly, it reduces the chance of getting overdue notices or multiple statements.

This system also helps our team:

- Focus more on your care and less on paperwork
- Reduce administrative costs so we can invest more in patient services
- Ensure timely resolution of account balances

We appreciate your cooperation in helping us keep our billing process simple, secure, and efficient.

I Have Medicare. Will I be Required to Provide a Card on File?

Patients with Medicare, Medicare Advantage (replacement) plans, Medicaid, or Tricare are exempt from our credit card on file policy. You will not be required to provide a card unless you have a secondary insurance or schedule services not covered by your plan.

How Does It Works

- After each visit, your insurance company is billed first.
 - Once we receive the Explanation of Benefits (EOB) from your insurer, any remaining balance is calculated.
 - You will receive an email notification of the balance and upcoming charge amount.
 - Your card will be charged 10 days after the notification is sent. This allows time for you to contact our team with any questions.
 - Payments will not exceed \$300 per transaction and will be processed every 28 days until the balance is paid in full.
 - If your card is declined and a new card is not provided within 5 business days, we reserve the right to apply a \$25 declined card fee.
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Will I Still Be Required to Pay My Co-Pays?

- If your plan requires a co-payment, it will be collected at the time of service.
 - Your credit card will only be charged for additional balances *after* insurance has processed your claim and determined your responsibility.
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What If I Can't Afford My Balance Due?

If you need more flexibility, we offer extended payment plans through our trusted partner, Sunbit:

- Over 90% approval rate
- Soft credit check (no impact to credit score)
- Flexible monthly payments

To apply or learn more, contact our Billing Customer Service Team at (866) 680-8505.

Is My Credit Card Information Safe?

We take card security seriously. All card information is stored securely with our payment processor in full compliance with PCI standards. No practice staff has access to your full card details. Your card will only be used for AutoPay of account balances unless additional consent is given.

What If I Don't Have a Credit Card?

Patients who do not have a card available or choose not to store one on file must leave a \$100 deposit at check-in. This will be applied to your visit. Any overpayment will be refunded once insurance has processed your claim.

How Will I Be Notified of my Balance Due?

Once your insurance processes your claim, you will receive a notification by email showing the balance you owe and the exact amount that will be charged to your card on file. Your card will not be charged until 10 days after this notification is sent.

If you do not have an email address on file, we will send this notification via text message instead.

What If I Don't Understand My Balance or Think Its Incorrect?

We understand that insurance coverage can be confusing, and you may not be aware of your exact financial responsibility until your claim has been processed.

If you have questions or believe there's been a mistake, we're here to help. Our team will review your bill with you and issue a refund if a billing error is found. We only charge the patient responsibility amount determined by your insurance provider, as outlined in your Explanation of Benefits (EOB).

If you need assistance understanding your balance, applying for Sunbit financing, or updating your card on file, please contact our Billing Customer Service Team at (866) 680-8505.
