



The Center for Endometriosis Care

Kenny Sinervo MD FRCSC, LLC

*A COEMIG-Designated Center of Excellence in Minimally Invasive Gynecology
& Center of Expertise in Endometriosis*

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CREDIT CARD ON FILE POLICY (“CCOF”) & INFORMATION / AUTHORIZATION

The Center for Endometriosis Care/Kenny Sinervo, MD FRCSC LLC (hereinafter referred to as “CEC”) has joined the growing number of practitioners in adopting a policy requiring a credit card to be held on file in order to confirm your office appointment. Effective as of 1/1/2018, this new standard is being implemented by scores of healthcare providers and medical practices around the country, both at the primary care and specialist level like ours. The following information describes this policy in detail and answers common questions you may have relative to the policy.

The CEC is committed to reducing waste and inefficiency and making our billing process as simple and easy as possible. Henceforth, we require all patients to provide us a credit card to keep on file (“CCOF”). **This card can/will be charged for the following reasons:**

- **To collect outstanding office appointment deposits and payments/balances due, and/or**
- **To collect no-show and/or late cancellation charges as applicable**

Similar to hotels and car rental agencies, you are asked for your card number at the time you book your appointment with us; this information will be maintained in our PCI/HIPAA-compliant, secure recordkeeping system and utilized only to collect any balances owed by you as outlined above. This is advantageous to you, as it streamlines our billing process, thereby allowing us to pass these cost-savings on to our patients, and by making it easier, faster and more efficient for you to pay your bill with us in full. This in no way compromises your ability to dispute a charge or question your insurance company's determination of any payment(s) as may be applicable. Please read the following very carefully regarding the summary of potential charges to your card:

Scheduled Appointment Costs: to access your appointment forms and obtain full copies of our office policies, please visit <http://centerforendo.com/s/apptformsonly17.pdf> in advance of your scheduled appointment date. Please note the following:

The CEC is an out-of-network provider. That means, your insurance company may not cover the full – or any - costs of your appointment with us. As such, your new patient in-office appointment will cost you **\$525, with \$250 due the day of your appointment. Our new patient appointment consists of a consultation and an ultrasound – if an ultrasound is not completed, or non-standard bloodwork is done, this amount may be different – but a minimum of \$250 will be due at time of service.** This amount will be communicated to you at the time of your booking. With CCOF, your card can be used for your co-pays, deductibles, non-covered services paid out of pocket, and/or for portions of bills not covered after insurance has paid out its portion, if any. You are responsible for outstanding balances, not your insurance company, and your card on file will be used to collect this amount in full. **If your insurance does not cover your remaining balance of your office appointment** - your card will be charged a maximum of **\$275** to cover the costs of your office appointment with us.

Late/No-Show Appointment Costs: at Kenny R. Sinervo MD, FRCSC LLC/Center for Endometriosis Care, our goal is always to provide our patients with high quality, individualized medical care in a timely manner. The following policy enables us to render excellent service to all CEC patients and be respectful of everyone's needs. Please read our cancellation/no-show/appointment policies and charges below very carefully (you may also access the CEC's full office policies anytime at <http://centerforendo.com/registrationforms-patientmaterial/#forms>):

- "Late Cancellation:" notice of cancellation is considered late when a patient fails to cancel their appointment within at least 24 hours of their allotted date and time.
- "No-Show:" when a patient fails to be present at the scheduled time and date of their appointment.
- In addition, if you are late for your appointment time with us by more than 15 minutes, we will do our best to accommodate you. However, please understand that it may be necessary for us to reschedule your appointment for a later date.

Dr. Sinervo, Dr. Albee, Dr. Kongoasa and our entire staff spend a great deal of time preparing for your visit, and appointments are made by the CEC through use of a system that sets aside specific blocks of time just for your care. As a courtesy, we do make reminder calls for appointments, and we understand there may be times when you must miss your scheduled slot due to emergencies or unforeseen obligations. However, when patients do not show up for their appointment or fail to notify us by phone of their inability to keep the appointment at least 24 hours in advance, that time cannot be reallocated to another individual who is also in need of our care. As such, in accordance with American Medical Association recommendations, we execute the following policies/charges regarding late cancellations and no-shows:

First Late Notice/Missed Appointment: if your appointment is not canceled at least 24 hours in advance or you fail to show, **you will be charged a twenty-five dollar (\$25) fee** to the credit card on file; this fee is not covered by your insurance company.

Second Late Notice/Missed Appointment: if your rescheduled appointment is not canceled at least 24 hours in advance or you fail to show, **you will be charged a fifty dollar (\$50) fee** to the credit card on file; this fee is not covered by your insurance company.

Third Late Notice/Missed Appointment: if your rescheduled appointment is not canceled at least 24 hours in advance or you fail to show, **you will be charged a seventy-five dollar (\$75) fee to the credit card on file and discharged from our practice;** this fee is not covered by your insurance company.

How to Reschedule/Cancel Your Appointment: to cancel or rebook your appointment, you must call 770-913-0001 during normal business hours within 24 hours of your scheduled appointment slot. Please do not email or contact our physicians directly regarding appointments or financial matters. Our staff is highly trained to discuss these issues with you and assist you with your appointment bookings.

Moreover, it is your responsibility to ensure that the card you have on file with our office is not expired or cancelled and has an appropriate amount of available credit. Please call our office immediately if you need to update your credit card on file. If your payment is declined, a **\$35 declined payment fee will be applied to your account and a warning letter sent. If we receive no response within 30 days of the letter, your account will be turned over to a collection agency.**

We understand you may have additional questions. Please read on:

I have never had a physician's office ask to keep my credit card on file. Why is this being implemented? Although this policy may be new to you, you will soon see it happening at more and more of your doctor's offices, especially as insurance reimbursements are declining and patient responsibility amounts are increasing. We realize this is an emerging policy; however, it is no different from leaving your credit card on file with a hotel or iTunes, for example, which only charges you when balances are due. As any other business, we need to ensure that we have a guarantee of payment on file for each patient in our practice, and we only charge you when you have a balance due to our office. This may be a departure from what you have become accustomed to, but it is not uncommon for many medical practices, imaging centers, outpatient surgical centers and other providers to now require a credit card on file.

I always pay my bills! Why me? We have thousands of wonderful patients from around the globe, and we know that almost all of our patients are responsible individuals who their deposits and balances due in a swift and timely manner. Unfortunately, this is not always the case 100% of the time, and so we must apply the same policy to all patients in our care. Please understand this is not personal.

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

For every visit, you will be advised of the maximum charge(s) you can expect to pay; additional amounts are noted above for no-show and/or late cancellations penalties you can also expect to pay. Please understand: this is not the same as 'signing a blank check' with our office. You will be advised as to the specific amount(s) to be charged at the time you book your appointment.

What about identity theft and privacy? Under PCI and HIPAA, we comply with the strictest of rules and guidelines in terms of protecting your privacy and credit card information. Because of our legal obligations and commitment to protecting your data, our office is far more secure than any retail establishments, for example, and other resources which also hold your credit card information.

I don't have a credit card. What should I do? You are welcome to send your deposit for your appointment in advance, in the amount of **\$250**, and then pay your balance due of **\$250** with cash or check visit at the time of your appointment.

My insurance company wants to know if this policy is legal, and so do I. Is it? Yes, most certainly. Having a credit card on file system at your physician's office is completely legal, and in fact, is becoming the standard, just as it is for hotels and car rental companies, for example. We have every right to collect patient-owed balances due for appointments, no-shows and/or late cancellations, and/or other amounts due for care and services rendered by the CEC.

What if I refuse to participate in your credit card on file program? Our credit card on file policy is mandatory for all CEC patients, as outlined above. We can no longer afford to practice as we have in the past, and it is our sincere hope that our patients can understand and accept this. Patients who cannot accept policies and procedures at our, or any of their doctor's offices, may benefit from seeking care at more like-minded practices. We regret the need to institute this policy, but unfortunately, it is necessary in today's healthcare environs. We appreciate your understanding and support.

Still have questions? We want to help. Please feel free to contact us via phone at (770) 913-0001 or email and a member of our highly qualified, professional staff will do all we can to answer your questions and assuage any concerns you may have regarding this or any other office policy our practice adheres to. Thank you.

TO BE COMPLETED BY CEC STAFF UPON REVIEW WITH PATIENT:

TYPE OF CARD (CIRCLE)	VISA / MASTERCARD / DISCOVER AMERICAN EXPRESS
OTHER CARD (SPECIFY)	
NAME AS IT APPEARS ON CARD	
CARD NUMBER	
EXPIRATION DATE	
CVV	
DATE/TIME OF APPOINTMENT	
SURGEON NAME	
AMOUNT TO BE CHARGED	\$
VERBAL AUTHORIZATION OBTAINED FROM PATIENT / PATIENT NOTIFIED RE: APPT COSTS, CANCELLATION POLICIES & CHARGE(S)	<i>Date:</i> <i>CEC Staff Initials:</i>

Patient Memorandum of Understanding at Time of Appointment Booking:

I (above-named patient) understand that the Center for Endometriosis Care/Kenny Sinervo, MD FRCSC LLC may charge my appointment deposit and any/all outstanding appointment balance(s) due for services rendered, that my insurance company identifies to be my financial responsibility, to the above-referenced credit card. I agree to notify and update my credit card on file with the CEC as necessary. I understand a \$35 additional fee will be added to my account if my credit card declines, and if this amount remains unpaid beyond thirty (30) days, my account will be sent to collections. I understand that authorization will remain in effect until I revoke it in writing. To cancel or otherwise revoke this authorization, I must give a sixty (60) day notification to the CEC and my account must be in good standing. This policy and corresponding charges/financial information have been communicated to me at the time of booking my appointment, and I understand these policies as they have been explained to me. A copy of this memorandum of understanding will be placed in my PCI/HIPAA-compliant medical file.

Date Communicated to Patient: _____

CEC Staff Name: _____