

**About Care GYN Associates, P.L.L.C.**

**Lillian M. DeCosimo, M.D.**

10694 Crestwood Drive Suite A

Manassas, VA 20109

Tel: 703-222-8600 Fax: 703-222-8972

[drdecosimo@aboutcaregyn.com](mailto:drdecosimo@aboutcaregyn.com)

**Credit Card Policy**

Dear Patient:

As you know, if you have ever checked into a hotel or rented a car, you are asked to provide a credit card, which is imprinted and later used to pay your bill. We have implemented a similar policy at our practice to cover the patient responsibility of your bill after your insurance carrier has processed your claim. We require from you a valid credit card at the time you check in. Be assured that your credit card information will be secure,, similar to other businesses where you pay with your credit card. We we operate in compliance with the all privacy policy acts. Your card shall be used to pay any outstanding medical charges owed by you to Dr. DeCosimo. This will be an advantage to you, since you will no longer have to call us with your credit card number to charge your balance over the phone. It will be an advantage to us as well, since it will eliminate paper statements that we generated and mailed out in the past. It will also decrease the burden of our staff's time in trying to contact patients for prompt payment. This more efficient and expeditious way to collect patient balances due, benefits everyone in helping to keep the cost of health care down.

The amount due is determined by your insurance company and is detailed on your "EOB" or explanation of benefits, that is sent to you in the mail by your insurance company. Please contact your insurance company with any questions regarding your financial responsibility. Please note that any amount charged to you, is the amount your insurance company has determined is your financial responsibility for a particular date of service. Again, this is detailed on your "EOB" which you receive from your insurance company. Any questions pertaining to the amount you owe, should be directed to **your insurance company**.

Your ability to dispute your insurance company's charges will not be compromised using this process and co-payments for office visits will still need to be paid on the day of your visit. Patients without insurance will need to make full payment on the day of the visit. Cash and credit card are **only** accepted methods of payment.

Our office will contact you, as a courtesy, by telephone or email, to inform you of the amount that **HAS BEEN** charged to your credit card as soon as your amount due has been processed.

If you have any questions pertaining to our office and financial policies, please do not hesitate to ask our staff or contact me directly via email at: [drdecosimo@aboutcaregyn.com](mailto:drdecosimo@aboutcaregyn.com).

Thank you for your understanding and cooperation with my policies.

Lillian M. DeCosimo, M.D.

About Care GYN Associates, PLLC

**I authorize use of my credit card on file for balances I owe.**

**I have read and accept the terms of this policy statement.**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_