

E. JACOB SIMHAE, M.D.

From the desk of Dr. E. Jacob Simhaee's Office Manager

Dear Patients;

Many of you have been our patients for the past 26 years. Despite the rising costs of health insurance and a marked reduction in physician reimbursement, the health insurance industry has been passing more of the cost of health care to our patients. Many health insurance policies have been modified to include multiple copays, separate coinsurance for radiology procedures, and in-network deductibles.

In order to collect these charges in a timely and expedient manner and to contain the costs of running a medical office, we are requesting each patient who has an insurance that we are contracted with, to provide the office with valid credit card information.
(Prior to charging your credit card, we will notify you of the pending charges by phone.)

Print Patient Name: _____

Print Guarantor's Name if not Patient: _____

Signature of Financial Responsible Party: _____

Credit Card Type: _____ Name on Card: _____

Card Number: _____ 3/4 Digit Security Code: _____

Expiration Date: _____ Today's Date: _____

If you do not wish to provide us with credit card information, PLEASE BE AWARE THAT A \$10 SERVICE CHARGE WILL BE ADDED TO YOUR BILL for every attempt we make to bill you for any extra charges.

The above information provided will be kept in a safe and secure manner.
I hope you understand and will cooperate with us in this matter.

Sincerely,

Office Manager

I do not wish to provide the office with credit card information. I accept the additional \$10 service charge that will be added to my bill for every attempt made by the office to collect any extra charges.
