

PORT JEFFERSON DERMATOLOGY
PETER A. KLEIN, M.D., F.A.A.D.
ADAM J. KORZENKO, M.D., F.A.A.D.
BRETT M. DOLGIN, D.O., F.A.A.D.
WILLIAM D. TUTRONE, M.D., F.A.A.D.
DERMATOLOGY - ADULTS AND CHILDREN
DERMATOLOGIC SURGERY AND MOHS SURGERY
WWW.PORTJEFFDERMATOLOGY.COM

PORT JEFFERSON PROFESSIONAL PARK
6 MEDICAL DRIVE, SUITE D
PORT JEFFERSON STATION, N.Y. 11776
TELEPHONE: 631 - 928 - 7922
FAX: 631 - 928 - 9246

BROOKHAVEN PROFESSIONAL PARK
285 SILLS ROAD, BUILDING 8, SUITE D
PATCHOGUE, N.Y. 11772
TELEPHONE: 631 - 475 - 8249
FAX: 631 - 475 - 8645

To Our Patients:

As you know if you have ever checked into a hotel or rented a car, the first thing you are asked for is a credit card, which is imprinted and later used to pay your bill. This is an advantage for both you and the hotel or rental company, since it makes checkout easier, faster, and more efficient.

We have implemented a similar *optional* policy. You will be asked for a credit card at the time you check in. The information will be held securely until your insurances have paid their portion and notified us of the amount of your share. If your insurance company has assigned a portion that is your responsibility, you will receive a statement from our office. Once you have received this statement, you will have two weeks to mail in a payment or contact the office. After two weeks, if payment has not yet been received or the office has not been contacted balances that are less than \$250 will be charged to your credit card, and a copy of the charge will be mailed to you. For balances exceeding \$250, a member of our staff will contact you before any charges are applied.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment. This will be an advantage to you, since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of healthcare down.

Co-pays due at the time of the visit will, of course, still be due at the time of the visit.

If you have any questions about this payment method, do not hesitate to ask.

Sincerely yours,
Port Jefferson Dermatology

I authorize Port Jefferson Dermatology to charge outstanding balances less than \$250 on my account to the following credit card:

Visa Mastercard Discover (Please circle)

Card number _____ Expiration Date _____

Name of cardholder (please print) _____

Signature _____ Date _____