

Dear RMSCVA Patient:

Welcome to the Reproductive Medicine and Surgery Center of Virginia, PLC. The administrative staff would like to make you aware of our request to use your credit card to facilitate the payment of the portion of services not covered by your insurance.

Reproductive Medicine and Surgery Center of Virginia, PLC, is a unique medical and surgical practice. For many of our patients/couples their insurance may cover some aspects of care but not others, and nearly all patients are left with co-insurances or co-pays. Our financial counselor, Linda, will make you aware of your unique coverage. Also, many of our couples will have appointments on weekends for treatments and there is no administrative staff available to collect co-pays and other payments. For these reasons, we will request a credit card when you first establish care with us.

We will never use your credit card on file as initial payment for services rendered. We will always bill your insurance company first- when your services are covered by your insurance. We will send you a bill for the amount remaining that is your responsibility (such as co-pays and co-insurances). You will have ample opportunity to pay your bill by mail or to dispute any insurance payments that we have received, if you believe they are incorrect, before your credit card is charged. **If after two mailed notices you have not paid the amount you are responsible for and not contacted us to dispute the charge, then we will charge your credit card on file.**

Please be assured that we secure your credit card information like we secure your medical records- they are confidential. Should you have any questions or concerns please do not hesitate to let us know. We appreciate your understanding of this request.

Sincerely,

Jody Halloran
Practice Manager

Visa or MasterCard number: _____ Exp: _____ Security Code: _____

Printed Name

Signature

Date