



Pediatric Therapy Clinic

31 Walker Ave Baltimore, MD 21208

Phone (410) 415-3515 Fax (443) 459-9550

www.JEWELSSchool.org

Credit Card Authorization Form

Please complete if you have Private Insurance (such as BCBS, UHC, Cigna, Aetna, EHP, Carefirst)

Our billing company, Medical Claims Solutions (MCS), will be collecting copays and patient responsibility balances on our behalf. Credit cards payments will be processed by MCS on or near the 2nd and 4th Wednesday of each month. You will receive an email with your billing statement as well as a receipt for the payment transaction. You will receive a courtesy call before your card is charged for any patient balance greater than \$200. If your credit card account is closed or your card has expired, please notify us as soon as possible.

Your insurance company will continue to send you an Explanation of Benefits (EOB) that explains how much your insurance paid and how much you are responsible to pay. Our policy will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment.

Your credit card information will be kept in compliance with all federal and consumer rules protecting and regulating the storage and use of this information (PCI SSC).

If you have a billing question, you can contact MCS directly at (410)- 358-5530 option #4 or statements@mcsbilling.com

I authorize MCS, on behalf of JEWELS Pediatric Therapy Clinic to charge my credit card for any patient responsible balance after insurance processing on my account.

Signature _____ Date _____

Patient Name: _____ Email address _____

Name on the card: _____

Address: _____

Type of card: Mastercard Visa Discover Amex

Card Number: _____ Expiration Date: _____ CVV: _____