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Dear Patients,

Effective immediately, all patients are required to provide an active credit card number which will be kept securely kept on file with our office. Your credit card will automatically** be charged for the following:

1. Annual insurance deductible
2. Unpaid cost shares or co-insurances listed on your EOB (explanation of benefits)
3. Copayments not paid 48 hours after an office visit
4. Unpaid past due balances
5. Balance Due

Patient Name: _____

Visa _____

Mastercard _____

American Express _____

Expiration date: ____/____

CVV: _____

*3 digit number on the back of the card above signature line for Visa/MC

*4 digit code on the front of the card for Amex

Please print the name as it appears on the card

I understand and will comply with this policy

Authorized signature: _____ Date _____

****Please note, we will make two attempts to contact you for payment. After the second attempt, we will then charge the card you list on file. ****