

**ROBERT B. GORE, M.D.**  
OBSTETRICS, GYNECOLOGY, & INFERTILITY

**ELECTRONIC PAYMENTS AND MODERN PAYMENTS**

As a medical practice our goal is to provide you with the best, most current medical care available in a positive and supportive environment. As a small business we must constantly strive to reduce and minimize our expenses and costs of doing business. Today insurance plans are becoming more complicated in how they determine what the medical practice can collect and what the patient actually owes. Insurance plans now have numerous different co-payments and deductibles that are often confusing to their clients and can even elude the smartest medical practice office manager. What a patient actually owes once insurance pays its portion is a function of the individual's co-payment, deductible, maximum out-of-pocket expenses and where the patient falls within this continuum.

In an effort to streamline this system and make it more cost effective for everybody we are asking every patient to provide us with a credit card, HSA debit card, or a voided check at the time of service. This system is exactly like that found in all hotels, rental car companies, gasoline stations, Amazon.com, PayPal, and your mail order pharmacy. Nothing will be charged to your credit card or checking account until the Explanation of Benefits (EOB) returns from your insurance company and we can enter the contractual write-offs and amount paid by your insurance company into our system. The only amount charged to your credit card or checking account will be the PATIENT RESPONSIBILITY portion as defined on your insurance company's EOB (similar to an invoice). You will receive an E-MAIL notification with the amount charged to your credit card or deducted from your checking account. This will significantly reduce the costs of repeat statements and collection attempts. As a small business operating on fixed insurance reimbursements with rising costs and expenses, we must do everything possible to reduce the length of time that we extend credit to our patients. Thank you for your cooperation and understanding.

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**AUTHORIZATION TO CHARGE MY CREDIT CARD, HSA DEBIT CARD, OR CHECKING ACCOUNT  
FOR THE "PATIENT RESPONSIBILITY" PORTION OF MY INSURANCE PAYMENT**

I authorize Robert B Gore MD, PC and Modern Payments, Inc. to charge my credit card, HSA debit card, or my checking account with the balance due (patient responsibility) portion of my insurance explanation of benefits (EOB). I understand that I can dispute the charge at any time with my credit card company or Modern Payments, Inc; however the actual amount of the charge can only be disputed with my insurance company. If I feel the "patient responsibility" portion of the explanation of benefits (EOB) is inaccurate, I must resolve this issue directly with my insurance company. Any change in the EOB by the insurance company will be reflected as a credit or additional charge on my credit card, HSA debit card, or directly in my checking account.

PATIENT NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_ DOB: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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