WMC Health | MidHudson Regional Hospital
Westchester Medical Center Health Network

New Requirement for Credit Card Payments

Effective immediately, *all patients paying with a C**redit Card** must sign a new form before we collect the payment, as required by New York State. This form is not required when a Debit Card is used for payments, ONLY Credit Card. If you are unsure what type of card it I, you can simply ask the patient. If you are still unsure, then just have the patient sign. This form ensures **patients understand the risks associated with using a Credit Card for medical payments**, including:*

1. *Medical bills paid with a credit card are no longer considered "medical debt."*
2. *Federal and state protections, such as limits on interest rates, wage garnishment prohibitions, and credit reporting rules, do not apply.*

How to Explain the Form to Patients:

Here are examples you can use to explain the purpose of the form:

- *This form is to inform you about how using a credit card for medical payments is treated differently from other methods. For example, credit card payments don't have protections like limits on interest rates for medical debt.*
- *This isn't an additional charge or agreement, it's just to ensure you understand that credit card payments have different protections than medical bills, like reporting to credit bureaus.*
- *Signing this form confirms you understand that paying by credit card changes how the payment is treated legally and that you consent to proceed.*

Once the form is signed:

1. *The form is available in Cerner just like any other consent under "Acknowledgement of Credit Card Risk for Payment of Medical Services"*
2. *The form must be pulled up manually. As it is only required for Credit Card payments.*

If the Patient Declines:

- *Treat it like any other form of consent.*
- *Check the "Unable to sign", or "Patient Refused" box underneath the signature section.*
- *Write your name, date, and time on the form.*
- *Scan the form into the patient's chart under the "Consent Forms" section.*

Blank paper copies of the form will be available in:

- *ER-Quick Reg*
- *ER-A-Bay*
- *Admitting-Check in Area*
- *Admitting: Each Office*
- ***Blank file will be placed in the shared folder (S: drive) and on the Patient Access Hub.***
  - ✓ ***Credit Card Payment (English).***
  - ✓ ***Credit Card Payment (Spanish).***

If you have any questions or need further guidance, please reach out to leadership.

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ACKNOWLEDGEMENT OF CREDIT CARD RISK FOR PAYMENT OF MEDICAL SERVICES

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This form is to inform you of the risks associated with using a credit card to pay for medical services. By signing this form, you affirmatively acknowledge that you have been informed of these risks and consent to proceed with the payment of medical services by credit card.

Each time a credit card is used to pay for medical services, I acknowledge and understand the following risks:

a. Medical bills paid by credit card are no longer considered medical debt.
b. By paying with a credit card, I am forgoing federal and state protections around medical debt, including:
    i. Prohibitions against wage garnishment and property liens.
    ii. Prohibition against reporting medical debt to credit bureaus.
    iii. Limitations on interest rates.

Acknowledgment:

I have read and understood the above risks and consent to the use of my credit card for payment.

Signature of Patient or Personal Representative

Print Name of Patient or Personal Representative

Date/Time

Relationship to Patient

OFFICE USE ONLY:

☐ Patient is unable to sign due to condition

☐ Patient refused to sign

Hospital Staff Person's Name

Date & Time

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RECONOCIMIENTO DE LOS RIESGOS DEL USO DE LA TARJETA DE CREDITO PARA PAGAR SERVICIOS MEDICOS

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Mediante este formulario, se le informan los riesgos asociados al uso de la tarjeta de crédito para pagar servicios médicos. Si firma este formulario, reconoce afirmativamente que se le han informado estos riesgos y presta su consentimiento para proceder con el pago de servicios médicos con tarjeta de crédito.

Cada vez que se usa una tarjeta de crédito para pagar servicios médicos, reconozco y entiendo los siguientes riesgos:

a. Las facturas medicas pagadas con tarjeta de crédito ya no se consideran una deuda médica.
b. Si pago con tarjeta de crédito, estoy renunciando a protecciones estatales y federales relacionadas con las deudas médicas, entre las que se incluyen las siguientes:
    i. Prohibiciones de embargo del salario y gravámenes a la propiedad.
    ii. Prohibici6n de informar deudas medicas a agencias de crédito.
    iii. Limitaciones de tasas de interés.

Reconocimiento:

Leí y entendí los riesgos mencionados arriba, y doy mi consentimiento para el uso de mi tarjeta de crédito para pagar.

Firma del paciente o representante personal

Nombre del paciente o representante personal en letra imprenta

Fecha/hora

Relación con el paciente

SOLO PARA USO INTERNO:

☐ El paciente no es capaz de firmar debido a su afección

☐ El paciente se negó a firmar

Nombre del miembro del personal del hospital

Fecha y hora