

## NOTICE OF PAYMENT BY CREDIT CARD

## THIS NOTICE SETS FORTH THE RISKS PATIENTS MAY ENCOUNTER WHEN PAYING FOR MEDICAL SERVICES WITH A CREDIT CARD.

It is the intent of this Notice of Payment by Credit Card ("Notice") to inform individuals and patients of the risks associated with paying for medical services by way of credit card. Pursuant to New York State's General Business Law §519-A:

- All medical bills paid by credit card are no longer considered "medical debt."
- By paying for medical services with a credit card, patients are foregoing state and federal protections regarding medical debt, including:
  - o prohibitions against wage garnishment and property liens,
  - o prohibitions against reporting medical debt to credit bureaus, and
  - limitations on interest rates.

## Acknowledgment

• I hereby acknowledge that I have received the Optum Notice of Payment by Credit Card and affirmatively acknowledge that I am foregoing the above protections by paying with a credit card.

By signing below, I acknowledge that I have reviewed this form, I understand its contents and I intend to pay with a credit card.

Patient's Name

Signature of Patient or Legal Representative

Patient's Date of Birth

Today's Date

Legal Representative's Name (if applicable)

Relationship to Patient