



## **FINANCIAL POLICY**

Thank you for choosing our practice as your healthcare provider. We are committed to the success of your treatment. We believe that at the core of a strong provider / patient relationship is good communication which is why we want to take a moment to clearly state the policies and procedures of our practice. **The Financial Policy, as well as Patient Medical History Form and Patient Registration Forms must be completed and signed prior to treatment.**

### **PAYMENTS**

Full payment, including co-pays, co-insurance or non-satisfied deductibles are due at the time services are rendered. We currently accept the following forms of payment: CASH, CHECK, MASTERCARD, VISA, DISCOVER, AMERICAN EXPRESS and ApplePay.

### **INSURANCE PLANS**

**Your insurance policy is a contract between you and the insurance company. The insurance company determines what benefits they are going to cover, what benefits they are going to pay, and what your financial responsibility is. Dermatology and Skin Cancer Center is contracted separately with many plans, but is not a party to your individual contract with the insurance company.**

***“Participating” or “In-Network”*** We are contracted with many major insurance carriers. Our contracts mandate that we collect co-pays, coinsurance and deductible amounts at the time of service. We work diligently to provide you with the best estimate of your benefits based on your current coverage, however, you may be responsible for additional out of pocket costs depending on how the claim is processed by your insurance company. It is important for you to understand your insurance benefits, and to ask questions when you do not.

***“Non Participating”*** There are some plans available with whom we are not contracted. This can be for a number of reasons. New plans to the area, plans who have “closed” panels (meaning they aren’t accepting any additional providers), etc. In some cases, patients can still see an **Out of Network (OON)** with reduced benefits. In other cases, plans will not pay for ANY care provided by an Out of Network provider. We do our best to verify coverage prior to the time of service, however, it is important for you to know and understand your plan, benefits and contracted providers.

***IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES TO YOUR INSURANCE POLICY OR STATUS. YOU WILL BE HELD RESPONSIBLE IF YOUR CLAIM IS DENIED AS A RESULT OF COVERAGE TERMINATION AT THE TIME OF SERVICE.***

### **REFERRALS AND PRIOR AUTHORIZATIONS**

As a courtesy, we verify all coverage, benefits and eligibility prior to your visit. However, it is ultimately the patient’s responsibility to understand their own plan benefits and provisions.

As we are considered SPECIALISTS by most insurance carriers, there are a number of plans that require a REFERRAL from your Primary Care Provider. Without this referral, we are not paid for our services and the claim will be denied. **You are required to provide the referral for each visit.** If you are unsure as to whether your plan requires a referral, please speak with us regarding this so we can help you determine your plans requirements. Failure to do so may result in your appointment being rescheduled, higher out of pocket costs and / or non-covered services.

### **SURGICAL PROCEDURES**

As a courtesy, we obtain benefit information on all surgical procedures. We provide our “best guess” at the codes that will be utilized to bill your procedure, and based on this your insurance carrier provides us with an *estimate* of what is covered, and what your out of pocket expenses will be. On occasion, depending on what the provider actually does in the room, a different code may be used when the procedure is billed, and additional out of pocket expenses may occur. We expect payment for any estimated patient responsibility at the time of service unless ADVANCED arrangements have been made. **Failure to cancel your surgery appointment 48 hours prior to the date of service will result in a \$150 fee that will need to be paid before further services are rendered.**

### **APPOINTMENT SCHEDULING / DAY OF APPOINTMENT**

We realize that your time is valuable and that long delays create a burden for our patients. We work diligently to schedule our appointments in such a way to avoid long waits and assure timely visits with our patients. While emergencies to arise periodically that cause schedule disruptions, the major cause of schedule disruptions are late arrivals or missed appointments. ***To help us avoid these types of issues, we ask that NEW patients arrive at least 15 minutes early to allow us time to create the medical chart, scan all required documents and get the patient ready for their visit. Established patients are asked to arrive a few minutes early when possible.*** Patients arriving more than 15 minutes past their scheduled appointment time may be rescheduled depending on staffing and available appointments. If you anticipate that you will be late, we ask that you contact us as quickly as possible so that we can attempt to make adjustments to accommodate you. If you are unable to keep your scheduled appointment, we ask that you contact us at least 24 hours in advance. We reserve the right to charge a ‘no-show’ fee and/or discharge you from the practice if you repeatedly do not arrive for scheduled appointments.

### **PAST DUE BALANCES**

All balances greater than 30 days are considered past due. Accounts greater than 90 days will be submitted to collections unless other arrangements have been made. If you are experiencing a financial difficulty, please contact our office directly to discuss.

### **FEES**

|                        |       |                    |      |
|------------------------|-------|--------------------|------|
| “No Show” Office Visit | \$40  | Returned Check Fee | \$40 |
| “No Show” Surgery      | \$150 |                    |      |
| “No Show” Esthetician  | \$50  |                    |      |

\_\_\_\_\_  
Signature of Patient / Parent / Guardian

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date