FINANCIAL POLICY

Understanding your financial responsibility is an essential component in establishing and maintaining a strong patient/practice relationship. In order to achieve this, we offer the following information regarding our insurance and financial policies.

Your insurance is a legal contract between your insurer and you. It is your responsibility to know and understand the terms, guidelines and limitations of your plan. It is also your responsibility to advise us of any changes in your insurance, your address or your employer. If current information is not obtained at the time of service, it will become the patient's responsibility to pay until current information is provided.

As a courtesy we will verify your benefits with your insurance company. A quote of benefits is not a guarantee of benefits or payment. Although we are contracted with many insurance plans, our services may not be covered by your specific insurance plan. Your claim will process according to your policy based on the services provided. Please remember that you are fully responsible for all charges incurred - your physician's referral and our verification of your insurance benefits are not a guarantee of payment.

Medicare & Contracted Insurance Plans
If you are on traditional Medicare or are a member of a health plan that we participate with, we will submit your claim to your insurance company. Our staff will verify your benefits and collect any co- payment, co- insurance and/or deductible at the time services are rendered as required by your insurance carrier. You will be billed in full for any services that your health plan deems as "not a benefit" or a "non-covered service."

Secondary/Supplemental Insurance Plans
We are happy to file secondary and supplemental claims as a courtesy. In the case of non-contracted secondary carriers, the balance will become patient responsibility 30 days after that claim is filed.

Referrals
If your policy requires a referral from your Primary Care Physician to be seen in this office, the referral must be present at the time of visit. We will make every attempt to secure one on your behalf but ultimately the responsibility is yours. Without one, you may be required to reschedule your appointment. We welcome you to call your PCP and have your referral faxed to us.

Medicare Replacement Plans
We will file all PFFS (Private Fee for Service) plans that we are contracted with. Patients are responsible for all deductibles, coinsurances and co pays. For all other plans see contracted and non-contracted insurance plans above.

Medicaid
We are not contracted with most Medicaid plans. Medicaid patients with plans we are not participating with that are seeking services are responsible for payment in full at the time of service.

Card on File
For your convenience, we have implemented a policy which enables you to maintain your credit/debit card ("Card") information on file with us. If supplied and only with your consent, this information will be securely held to allow you the option to approve a payment without having to present your card again. Signing this Consent in no way requires you to place a card on file nor does it compromise your ability to dispute a charge. If opting to place a card on file you have the right to remove said card at any time either in writing or verbally in person or over the phone with a member of our team. Any card placed on file will be stored until requested to be removed or expires. No charges will be made without your initiation or request.

Minors
A parent or legal guardian must accompany all patients under the age of 18 to authorize treatment and financial arrangements. If this is a custodial parent, we can submit the charges to another parent's insurance, however, the parent presenting the child for care will be billed for the balance not covered by the insurance. Any patient over the age of 18 will be held financially responsible for all charges incurred.

Missed Appointments
Missed appointments represent a cost to us, to you and to other patients who could have been seen in the time set aside for you. Cancellations must be made 24 hours in advance of the scheduled appointment, or we reserve the right to assess a fee up to $100.

Medical Records
Copies of pathology reports are provided to you or another physician at no charge. Any additional medical records requests and/or completion of forms (e.g. disability, life insurance, cancer policies, etc.) are subject to processing fees determined by state law and contractual agreements. Please be advised that medical records requests require time to be processed and cannot be provided the same day requested.

Collection Fees
Statements are sent out monthly for patients with personal balances. Payment is due upon receipt of the statement. If you are unable to pay the balance in full, please contact our billing department at the phone number provided on your statement. Personal balances over 90 days from the date of service will be sent to our collection agency. In the event an account is turned over to an outside collection agency, patients will be responsible for any collection fees up to 35% as well as any court costs, attorney fees and collection agency charges.

Returned Check Fee
A $25 fee will be added to your account balance in addition to the amount of the check returned for insufficient funds.

Pathology Fees
Our practice has an on-site lab and pathologist who perform the slide preparation and interpretation of our patients' biopsy specimens. Fees associated with this service are separate from the procedure performed by your treating provider.

Depending upon specific factors, your provider may send the specimen to an outside lab for slide processing and interpretation. In those instances, patients or their insurance will receive a bill from the outside lab.

Our providers reserve the right to send their patients' specimens to the most qualified dermatopathologist of his or her choosing. Therefore, **if your insurance requires the use of a specific lab, it is your responsibility to provide us with that information prior to being seen. Failure to do so may result in additional out-of-pocket costs to you as assessed by your insurance plan.**

Cosmetic Services
Patients are financially responsible for all cosmetic procedures at the time of service including non-medically necessary and non-covered services. This office does not bill insurance companies for cosmetic procedures. For more detailed information, please see one of our cosmetic coordinators.

Consult Fee
We have the right to assess a consultation fee up to $100 for any non-medical visits. This credit may be transferred to any cosmetic procedure with the same provider in the following twelve months.

My signature below indicates that I have read, understand, and will comply with the information contained within this financial policy. A copy of this policy is available upon request.

Release of Information and Assignment of Benefits
I authorize the release of medical information to my primary care or referring Physician, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the Physician/Provider if applicable.

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Patient signature Date