Office and Financial Policies

Welcome and thank you for choosing Dermatology & Dermatologic Surgery for your dermatology care. Please take a moment to review our financial policy so that you understand your responsibility regarding the charges for the services rendered to you by this office.

Insurance: When making an appointment with one of our physicians, it is your responsibility to confirm with our office and your insurance company that the physician is currently contracted with your plan. **Our office does not bill out of network** (non-contracted) **insurance plans.** If your plan is out of network, **you are required to pay in full for your visit at the time services are rendered.** As a service to you, we will bill most in-network primary insurance companies **(secondary policies will be billed for Medicare patients only)**. **In order for us to bill your insurance, you must provide us with a current copy of your medical insurance card, along with all required information** (including referrals, if applicable) **at every visit. If you are unable to provide this at the time of your appointment, you may reschedule, put a credit card on file or pay in full at the time of service.** We allow 24 hours to receive the necessary insurance information before your credit card is charged. While providing this service, please remember that **your insurance company requires you to know your plan's benefit policies including co-payments, the specifics of what your policy covers, and to notify us when your insurance plan changes, prior to your appointment.** Each plan has its own stipulations regarding the coverage of, and payment for, medical services; therefore, it is extremely difficult for us to be aware of the multitude of individual requirements for each of our patients' plans. **We are not contracted with Medicaid, AllKids, or any HMO Plans.**

Patient Balance: If your insurance does not respond to or pay your claim within 45 days, the full balance will become the patient/guarantor's responsibility. All balances are due upon receipt of your first statement. Partial payments will not be accepted unless prior payment arrangements, appropriately based on balance due, have been made. All account balances not paid within 30 days will be assessed a Billing fee of $10.00 or 1.5% (18% APR), whichever is greater, each month the balance remains unpaid. If your insurance is **out of network** (ACDA is NOT contracted), **you must pay for your services in full at the time of your visit. Accounts sent to our collection agency will be charged a 25% collection fee.**

Co-Payments: All insurance companies require copays to be collected at the time of service. **Your copay and estimated deductible is due at the time of check-in.**. A $10.00 service charge will be assessed each time a copay is not paid at the time of service.

Check-In: We do our best to keep on schedule, so please arrive for your appointment on time. **If you arrive more than 10 minutes past your scheduled appointment time**, we reserve the right to reschedule your appointment. On follow-up visits, you will be asked to verify demographic and insurance information so that our records remain up-to-date. **Please be prepared to pay any past due balance (31+ days) prior to seeing any of the doctors.**

Check-Out: Payment of non-covered services will be required at the time of service. For your convenience, we take cash, check, MasterCard, Visa, and Discover. **A $25.00 fee will be assessed on any and all returned checks**.

Non-Covered Services: Payment in full for non-covered services is required at your visit. Please come prepared with the proper payment for your treatment. Cosmetic procedures including, but not limited to Varicose Veins, Botox, Fillers, Laser Surgery, Hair Reduction, Photo-rejuvenation, Chemical Peels, and Micro-Dermabrasion treatments are not covered by insurance and claims will not be filed for them. Most cosmetic services must be paid for by **CASH or CREDIT CARD**.

Medical Necessity: I understand that I am responsible for all charges incurred. If my insurance policy determines/denies my procedure as **NOT MEDICALLY NECESSARY**, I am responsible for payment in full.

No Shows and Late Cancellations: We require a 24-hour advance notice if you must cancel your appointment. For your convenience, we will call to remind you 24 hours prior to your appointment. **Each patient is allowed one NO SHOW without penalty**. The second NO SHOW will result in a $50 charge to your account. If you have two NO SHOW appointments in your file, you will also be required to secure any subsequent appointments with a credit card and any NO SHOW appointments thereafter will be charged $100 per instance.

Credit Card on File: All patients have the option to keep a credit card on file and signed authorization to charge credit card once a patient balance is due. However**, delinquent accounts will be required to keep a credit card on file or pay for services in full at the time they are rendered.**

Minors: The parent(s) or guardian(s) must accompany a minor for the first visit to our office. The parent(s) or guardian(s) are responsible for providing current insurance information for the minor and/or payment in full for services provided. For follow-up visits, unaccompanied minors must have an authorization form for medical treatment signed by a parent or guardian before treatment can be rendered.

Patient/Guardian Signature: _____ Date:_____