

Financial Policy
Managed Care (HMO,PPO,EPO,POS, Open Choice,Managed Choice)

Thank you for choosing our practice. We want to make every experience you have with us a positive one. Over the past few years, the practice of medicine has become more complicated for physicians and patients alike.

Because of the growing complexity of the insurance business, we feel we can no longer assume that patients fully understand the relationship between the insurance company, the doctor, and themselves. In an effort to clarify this relationship, we have developed a set of guidelines regarding financial responsibility. If you have any questions, please speak with the office staff. You will be asked to sign at the end of the form.

·We will file your insurance for you if we are on your network.

You are required to see a Primary Care Physician (PCP) under some plans in order to see a dermatologist or other specialist.

If your plan requires authorization by a PCP, you must obtain a referral letter or number **prior** to your visit.

If the referral is not obtained by the time of your visit, you may pay for the visit at the time of service and file the insurance yourself, or you may reschedule.

There are time limitations on referrals and claim filing. The referral limitations are set by your PCP and must be followed by this office. You are responsible at each visit for assuring that we have a valid referral letter or number. Some plans require that a claim be filed within 60 days or will be denied for timely manner.

·You must present your card and identification at the time of your office visit.

If we do not receive your insurance card before you see the doctor, that visit becomes fee for service and full payment is expected at that time.

·Co-Payments, Deductibles and Co-Insurance.

A co-payment is a set dollar amount you owe for each office visit. All PPO plans are subject to a deductible if a procedure is performed (office surgery, etc.). You will be asked to pay your co-payment plus any procedure fee at the time of service if your deductible has not been met for the year. Co-insurance is the amount required by some insurance carriers over and above the deductible and co-payment amounts. Typically, a co-insurance percentage is required on procedures done in the office. You will be billed for this amount should your insurance company notify us that additional payment is due from you.

·Not Medically Necessary or Cosmetic Procedures.

In order to keep health care costs down, all insurance companies now put restrictions on some previously covered procedures. Our office is aware of many of these not medically necessary or cosmetic procedures and will attempt to alert you to these procedures when possible. If you and the doctor decide to continue with a procedure that falls into this category, we require payment in full at the time of service. There is no reduction in fees for managed care patients when cosmetic procedures are performed, and we will not file with your insurance carrier for these services.

·The following procedures are routinely considered not medically necessary or cosmetic:

Your insurance carrier may not cover these services (including office visits for evaluation of these conditions)

- Removal of benign lesions (moles,warts,skin tags,cherry or spider angiomas,lentigos or liver spots, cysts,milia and seborrheic keratoses)
- Collagen treatments

- Glycolic acid or other chemical peels
- Ear piercing
- Scar revision
- Laser surgery for certain benign lesions
- Cautery for treatment of dilated blood vessels on the face
- Hair loss
- Vitiligo

·Laboratory and Pathology Fees.

Many times it is necessary to obtain tissue or perform lab tests to confirm a diagnosis or to determine a course of treatment. If any tissue is removed for a pathology examination or if a laboratory test (blood work, culture, etc.) is done in our office, the actual test is usually carried out by someone else. **THIS MEANS YOU WILL RECEIVE A SEPARATE BILL FROM ANOTHER DOCTOR OR LAB FOR THESE TESTS.** We will attempt to use a lab which files directly with your insurance carrier. Some plans do not specify a particular lab to use. It is also not uncommon for insurance carriers to change laboratory or pathology services several times in one year and not notify us immediately. Therefore, you are ultimately responsible for any bill you may receive from the laboratory or pathology service used. If you receive a bill from the lab, please contact that lab directly to resolve any billing concerns. If the lab will not file your claim for you directly, please attempt to file the claim yourself and pay the lab directly for the services.

·Forms of Payment.

For your convenience, we accept cash, personal checks, Mastercard and Visa.

·Estimation of Services.

We will be happy to give you an estimate of fees when this is possible. Please, remember that only the doctor can give you an accurate estimation of the cost of a procedure since he will determine the exact procedure to be performed. We can only assure you of the exact cost of a procedure on the day of service when the doctor has determined the actual coding to be used. The estimate of our charges will not include work done by any outside lab or pathology service.

·Returned Checks.

There is a fee of **\$40.00** for all returned checks.

·Collection Efforts.

We will send you **THREE** statements regarding **your** balance. On the **second** statement a **1.5%** service charge will be added to **your** balance. If you should receive a **third** statement noted "Final" the account balance will be turned over to a collection agency. The collection agency will add **35%** to any outstanding balance. All fees charged by the collection agency are **your** responsibility.

I have read and understand the above completely and agree to comply with the financial policies of this office. My signature authorizes this office to file my claims and assigns to this office all rights, title and interest to my medical reimbursement benefits under my insurance policy. I understand that my signature also allows this office to release information regarding my visits to my insurance carrier. **I understand that I am responsible for my bills in the event the insurance company denies any claims.**

Signature of Patient (Parent, if patient is a minor)

Date

Financial Policy
Medicare Part B

Thank you for choosing our practice. We want to make every experience you have with us a positive one. Over the past few years, the practice of medicine has become more complicated for physicians and patients alike.

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•**As a participating provider, we accept assignment of benefits and file all Medicare claims for you.**

Please be aware that Medicare does not pay us the total charges allowed at the time of your visit. You will be responsible for 20% of the total charges at each visit. Furthermore, each calendar year you begin a new deductible with Medicare. If your deductible has not been met for the year, we will ask for payment up to your deductible amount at the time of your visit.

•**Medigap.**

If your secondary insurance plan is part of Medigap (sent electronically by Medicare), your signature will allow us to file claims and assigns to this office all rights, title and interest to your medical reimbursement benefits under your insurance policy.

•**Medicare sets the fees that we may charge.**

Any procedures not covered by Medicare (see below) will be identified at the time of service. Medicare does not set the fees for services that are “not medically necessary” and you will be asked to pay for these procedures at the time of service.

•**Not Medically Necessary or Cosmetic Procedures.**

In order to keep health care costs down, Medicare has put restrictions on some previously covered procedures. Our office is aware of many of these not medically necessary or cosmetic procedures and will attempt to alert you to these procedures when possible. If you and the doctor decide to continue with a procedure that falls into this category, we require payment in full at the time of service. There is no reduction in fees for Medicare patients when cosmetic procedures are performed.

•**The following procedures are routinely considered not medically necessary or cosmetic:**

Medicare may not cover these services (including office visits for evaluation of these conditions):

- Removal of benign lesions (moles,warts,skin tags,cherry or spider angiomas,lentigos or liver spots, cysts,milia and seborrheic keratoses)
- Collagen treatments
- Glycolic acid or other chemical peels
- Ear piercing
- Scar revision
- Laser surgery for certain benign lesions
- Cautery for treatment of dilated blood vessels on the face
- Hair loss
- Vitiligo
- Acne surgery

•**Laboratory and Pathology Fees.**

Many times it is necessary to obtain tissue or perform lab tests to confirm a diagnosis or to determine a course of treatment. If any tissue is removed for a pathology examination or if a laboratory test (blood

work, culture, etc.) is done in our office, the actual test is usually carried out by someone else. The lab is required to bill with Medicare for their services. You will receive a bill from the lab after Medicare has paid, and you may be required to pay a percentage of that bill.

If you receive a bill from a lab, please contact that lab directly to resolve any billing concerns.

·Forms of Payment.

For your convenience, we accept cash, personal checks, Mastercard and Visa.

·Estimation of Services.

We will be happy to give you an estimate of fees when this is possible. Please, remember that only the doctor can give you an accurate estimation of the cost of a procedure since he will determine the exact procedure to be performed. We can only assure you of the exact cost of a procedure on the day of service when the doctor has determined the actual coding to be used. The estimate of our charges will not include work done by any outside lab or pathology service.

·Returned Checks.

There is a fee of **\$40.00** for all returned checks.

·Collection Efforts.

We will send you **THREE** statements regarding your balance. On the **second** statement a **1.5%** service charge will be added to your balance. If you should receive a **third** statement noted "Final" the account balance will be turned over to a collection agency. The collection agency will add **35%** to any outstanding balance. All fees charged by the collection agency are your responsibility.

I have read and understand the above completely and agree to comply with the financial policies of this office. My signature authorizes this office to file my claims and assigns to this office all rights, title and interest to my medical reimbursement benefits under my insurance policy. I understand that my signature also allows this office to release information regarding my visits to my insurance carrier. **I understand that I am responsible for my bills in the event the insurance company denies any claims.**

Signature of Patient (or Power of Attorney)

Date

Financial Policy
Fee for Service, Private or General Insurance

Thank you for choosing our practice. We want to make every experience you have with us a positive one. Over the past few years, the practice of medicine has become more complicated for physicians and patients alike.

Because of the growing complexity of the insurance business, we feel we can no longer assume that patients fully understand the relationship between the insurance company, the doctor and themselves. In an effort to clarify this relationship, we have developed a set of guidelines regarding financial responsibility. If you have any questions, please speak with the office staff. You will be asked to sign at the end of the form.

·Payment is expected at the time of service.

We will give you the necessary forms for submission to your insurance carrier for a partial reimbursement of fees incurred. The amount reimbursed by your carrier may be adjusted, according to your plan provisions.

·Determining Our Charges.

An office visit charge includes discussing your complaints with the doctor, your examination and assessment, and any treatment given by prescription. Many times patients are unaware that when procedures are performed in the office they are not necessarily included in the charge for the office visit. Procedure charges would include such things as performing a biopsy, removing or destroying a skin lesion, performing cosmetic procedures (see below), or drawing blood for a laboratory test. Please be aware that if a procedure is done during an office visit, this may add to the total cost of your visit. If you have any questions about our charges, please ask us **before** we perform a procedure. We do not generally discuss costs of procedures unless you ask.

If you have no insurance and feel like you cannot afford a procedure you need, please let us know. We will do whatever we can to help someone who needs care but has an inability to pay at the time services are rendered.

·Not Medically Necessary or Cosmetic Procedures.

The following procedures are routinely considered not medically necessary or cosmetic. Your insurance carrier may not reimburse you for these services (including office visits for evaluation of these conditions):

- Removal of benign lesions (moles, warts, skin tags, cherry or spider angiomas, lentigos or liver spots, cysts, milia and seborrheic keratoses)
- Collagen treatments
- Glycolic acid or other chemical peels
- Ear piercing
- Scar revision
- Laser surgery for certain benign lesions
- Cautery for treatment of dilated blood vessels on the face
- Hair Loss
- Vitiligo

•Laboratory and Pathology Fees.

Many times it is necessary to obtain tissue or perform lab tests to confirm a diagnosis or to determine a course of treatment. If any tissue is removed for a pathology examination or if a laboratory test (blood work, culture, etc.) is done in our office, the actual test is usually carried out by someone else.

THIS MEANS YOU WILL RECEIVE A SEPARATE BILL FROM ANOTHER DOCTOR OR LAB FOR THESE TESTS.

•Forms of Payment.

We accept cash, personal checks, Mastercard and Visa.

•Estimation of Services.

We will be happy to give you an estimate of fees when this is possible. Please remember that only the doctor can give you an accurate estimation of the cost of a procedure since he will determine the exact procedure to be performed. Please keep in mind that it is only an estimate of costs. Unforeseen circumstances could cause the actual cost of a procedure to increase when done at a later date. The only time we can assure you of the exact cost of a procedure is on the day of service when the doctor has determined the actual coding to be used. Also, please remember that the estimate of our charges will not include work done by any outside lab or pathology service.

•Returned Checks.

There is a fee of **\$40.00** for all returned checks.

•Collection Efforts.

We will send you **THREE** statements regarding **your** balance. On the **second** statement a **1.5%** service charge will be added to **your** balance. If you should receive a **third** statement noted **“FINAL”** the account balance will be turned over to a collection agency. The collection agency will add a **35%** service charge to any outstanding balance. All fees charged by the collection agency are your responsibility.

I have read and understand the above completely and agree to comply with the financial policies of this office. I understand that my signature also allows this office to release information regarding my visits to my insurance carrier should they request additional information about a claim that I file.

Signature of Patient (or Parent, if patient is a minor)

Date