



## **Dermatology and Skin Cancer Consultants, PLLC**

### **PATIENT FINANCIAL POLICY**

Welcome and thank you for choosing Dermatology and Skin Cancer Consultants for your dermatologic care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area. We are pleased to discuss with you any questions you may have concerning a bill. Payment in full is due at the time services are rendered. As a courtesy to our patients, we accept cash, personal check, money order, Debit, Visa, MasterCard, Discover, and Care Credit.

If your visit requires pathology, lab tests, or any other services done outside of our office, these services will be billed to you directly by that provider. Your insurance information will be forwarded to these providers.

#### **PATIENTS WITHOUT INSURANCE**

Payment is due in full at the time of service. A consultation fee of \$150 will be charged during the check in process. Payment for procedures will be due at check out.

#### **PATIENTS WITH INSURANCE (NOT INCLUDING MEDICARE)**

Although we are contracted with several insurance companies, it is your responsibility to make sure that our physician participates in your specific plan. If our physician is not a participating provider for your plan, you may still select our office for your medical care; "out of network" benefits will apply. It is also your responsibility to know your insurance benefits. Our office will not advise you of your insurance benefits. Please contact your insurance company at the Customer Service phone number printed on your insurance card if you have questions pertaining to coverage.

We will require all of your insurance information at the time your first appointment is made. It is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services are covered. Patients are asked to bring their current insurance identification card to each appointment. You are responsible for paying all co-pays at the time of service. ***Co-pays, co-insurance, deductibles and non-covered services cannot be waived by our office, as it is a requirement placed on you by your insurance carrier. Failure to pay your portion of services rendered will be reported to your insurance company.***

We are participating providers with many insurance plans. While the filing of insurance claims is a courtesy that we extend to our patients and we work diligently to collect from them first, please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurer, we will refund any overpayment to you.

It is your responsibility to keep us updated with your correct insurance information. **If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.**

If your insurance company requests additional information from you in order to process your claim, it is your obligation to provide that to them in a timely fashion.

## **PATIENTS WITH MEDICARE**

We are participating providers in the Medicare program. Patients are responsible for meeting their annual deductible and paying for the 20% copayment. We do file with secondary/supplemental carriers. However, in the event that the secondary does not pay within 60 days, patients will be billed for their balance. We do not file with tertiary (3<sup>rd</sup>) insurances but will gladly supply you with any information that you will need to file. Please note that treatment of certain lesions may not be considered “medically necessary”, and we can not bill Medicare for these treatments; if you would like these lesions treated, you will be expected to pay out of pocket for these services.

## **COSMETIC PROCEDURES**

Payment for any cosmetic procedure is due at time of service.

## **OTHER INFORMATION**

- If you receive an invoice from our office for a balance due, it is because that is the balance your insurance policy requires that you pay. Please contact your insurance company first if you believe there is a problem. The balance on your invoice should be equal to the “Patient Responsibility” portion on your Explanation of Benefits that you received from your insurance company plus any “non-covered services” (less any copay that was collected at the time of service). If there is a discrepancy, please call the billing office immediately to advise us. You will continue to receive invoices and be subject to collections if you do not advise us of discrepancies. The billing office may be reached at 731-213-0127. If it becomes necessary to forward your account to a collection agency, you will be responsible for all fees charged by the agency in addition to the original amount due.
- Re-billing Fee: A re-billing fee of \$5.00 will be imposed on each account that is over thirty (30) days past-due.
- If you are unable to keep an appointment, we would appreciate 24-hour notice. There is a charge of \$25 for missed appointments. Multiple missed appointments may result in dismissal from the practice.
- If you are late for your appointment (>15 minutes), we will do our best to accommodate you. However, on certain days it may be necessary to reschedule your appointment.
- If you request a copy of your records to be sent to another physician or to yourself, a written authorization will be required and additional costs may apply. Only the records requested will be forwarded.
- Checks returned for non-sufficient funds will result in a charge of \$20.00 and no further checks will be accepted.
- For your convenience in paying the balance on your account, we ask all patients to complete a Credit Card Authorization Form annually. You may specify a maximum dollar amount that we are authorized to charge each month.

## **THE FINANCIAL AGREEMENT**

We must emphasize that our relationship is with you, not your insurance company. While the filling of insurance claims is a courtesy that we extend to our patients, all charges are strictly your responsibility **ON THE DATE SERVICES ARE RENDERED**. Therefore, it is necessary for you to know what benefits your insurance plan provides for you. **By signing the Patient Registration form, you are agreeing to abide by the financial policy that we have set forth above.**