



ACCESS DERMATOLOGY, P.C. FINANCIAL POLICY

At **Access Dermatology, P.C.**, we are committed to providing you with the best possible care. Please help us to serve you by allowing us to focus on patient care, and reducing the number of bills we must send to you.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

You will be asked to pay your co-pay, deductible, and any outstanding invoiced balances at the time of your appointment. Please arrive prepared to take care of these financial matters. Access Dermatology, P.C. accepts **cash, personal checks, VISA, and MasterCard**. If you are not prepared to pay, we will need to reschedule your appointment and we reserve the right to assess a cancellation fee.

SELF PAY/OUT-OF-NETWORK

We are happy to see you and to courtesy file your insurance claim. Please understand that we cannot tell you if you have out of network benefits. Self-pay and out-of-network patients are expected to pay their bill in full at the time of service. While we try to obtain all the medical charges prior to check out, there may be corrections to your statement when the medical notes are finalized by the doctor.

OFFICE VISIT FEES DO NOT INCLUDE ADDITIONAL SERVICES SUCH AS BIOPSIES, LESION REMOVALS, OR LABORATORY SERVICES.

If there is an outstanding balance after your date-of-service payment, you will be billed for this amount for immediate payment. If you overpaid, you will be refunded accordingly.

INSURANCE

Please check with your insurance carrier prior to making your appointment so you are familiar with your benefits and your responsibilities.

Your insurance plan is a contract **between you and the insurance provider**. We are happy to file your claims if we participate with your insurance, but please understand that every plan is different and we will not know everything about your unique coverage from your insurance card or verification of insurance.

Please note that **insurance coverage is not a guarantee of payment**. The patient, guardian or guarantors are ultimately responsible for payment of services rendered.

There are many reasons why your insurance may not pay for a claim:

- You have not met your annual deductible
- You have not received the proper referral or preauthorization for this visit or procedure
- Some services may not be covered by your insurance plan, especially "cosmetic" services and benign lesion removals
- We may not be "participating providers" with your insurance

We will submit your bill to our participating insurance companies as a courtesy to you.

It is your responsibility to make sure we have accurate insurance carrier information and billing information. If a claim is unsuccessful because of flawed insurance or billing information, you will be responsible for the balance. Please be sure that we are aware of any restrictions your policy has on ancillary services (such as requiring a specific lab).

If we are unable to verify your insurance at the time of your visit, or you do not have your insurance card with you, full payment is due prior to service.

If your insurance has a co-payment policy, the co-payment is due at the time of service. If you have a **deductible**, you may be responsible for all charges until the deductible is met. You are also responsible for any and **all remaining balances** after your insurance has paid its portion.

If we have not received payment from your primary or secondary insurance company within 60 days of the date of service, you may be expected to pay the balance in full. We will bill secondary insurance companies, as a courtesy to you, if you have provided the information **AT THE TIME OF YOUR VISIT**.

Please note that primary insurance co-payments **CANNOT** be billed to the secondary insurance carriers.

When you receive a statement, you will have **30 days** to remit any additional balances due, unless a payment arrangement has been extended to you. Any balances not paid within 30 days are subject to 1.5% monthly interest (12% per annum). Outstanding balances not paid in full within 60 days of the original invoice may be turned over to collections. If so, the patient/guarantor is responsible for all outstanding charges, applicable interest, and/or any collections/Attorney's fees. We understand that temporary financial problems may affect timely payment of your balance. Please contact us immediately in order to avoid potential collections fees and scheduling difficulties.

It is your responsibility to make sure we have a way to contact you with billing/scheduling/medical issues. If we are unable to contact you via phone, email or regular mail, your account may be sent to collections. (See below regarding fees for certified letters)

RETURNED CHECKS/REFUNDS

Access Dermatology charges a \$25 fee **IN ADDITION TO OUR BANK FEES** for any returned checks. Patient/guarantor credits in amounts less than \$5.00 will be retained on account to be credited toward future balances unless a written request for refund is received. Amounts \$5.00 and greater will automatically be refunded to the patient/guarantor.

MISSED APPOINTMENTS/LATE CANCELLATIONS

We understand that urgent problems happen on occasion and you are not able to keep your scheduled appointment. Please understand that broken appointments also represent a cost to us, and to others who are waiting to be seen by the Doctor. Unless there is an emergency, cancellations should be made **ONE FULL BUSINESS DAY** prior to the appointment (for example, Monday appointments must be cancelled no later than Thursday afternoon). We reserve the right to bill you for missed appointments or late cancellations (not received by close of business one full business day prior to your appointment) as follows:

- Medical - \$50.00
- Cosmetic/Surgical - \$150.00

Missed appointments charges must be paid in full prior to rescheduling. A credit card guarantee may be required for subsequent appointments.

FORMS FOR OTHER FORMS OF INSURANCE/DISABILITY CLAIMS, CERTIFIED LETTERS, ETC.

If our office has been trying to contact you regarding need for treatment of skin cancer or for follow up for a high-risk medication and we are unsuccessful for a month or longer, we will attempt to notify you via **CERTIFIED LETTER**. If we must do this, we may charge \$10.00 for this service.

Access Dermatology also charges a \$20.00 fee for each supplemental form that you request we fill out for you. This includes but not limited to supplemental insurance (such as life insurance, AFLAC); short/long term disability claim forms. FMLA forms, physician's statements, and medical leave forms.

While we regret that we must add additional fees, completion of these forms and letters require time and materials from our office that is not reimbursed by your insurance.