

Dermatology Specialists of Warrington

Financial Policy

INSURANCE

Your insurance is a 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 to your insurance, your address or phone number. A current, valid insurance card and driver's license or photo ID must be presented at each visit. If you are unable to present an insurance card and photo ID or if you are covered by an insurance plan with which we are not contracted, full payment for services will be required in advance. If for any reason your insurance company does not cover your visit you will be responsible for 100% of the charges billed.

REFERRALS

It is your responsibility to know if your insurance plan requires a referral. If a referral is required and you do not have one at the time of your visit, we will reschedule your appointment and a **\$50** missed appointment fee will be charged.

CANCELLATIONS AND MISSED APPOINTMENTS

Missed appointments and late cancellations create a missed opportunity to provide care for another patient in need. Cancellations must be made at least 48 hours in advance of your scheduled appointment or a **\$50** fee will be charged. Failure to cancel a surgical appointment at least 48 hours in advance will result in a **\$100** charge. Please note that there are **no exceptions** to this policy. While our office does place a courtesy reminder call 3 days prior to your appointment, missed appointments due to failure to receive a call will still be charged the appropriate fee. Repeated missed appointments may result in dismissal from the practice.

OUT-OF-POCKET COSTS

Co-pays and co-insurance amounts, deductibles and all non-covered charges are the insured's/patient's financial responsibility and are **DUE AT THE TIME OF YOUR VISIT**. Co-pays are collected during the check-in process. Once your visit is complete our office, in partnership with your insurance company, is able to accurately determine your expected financial responsibility for the visit. **Any additional financial responsibility over and above the co-pay will be collected at check-out. We are unable to bill you for your expected out-of-pocket costs.** Once your insurer processes the claim, you may be billed for any additional amounts due. You will be asked to reschedule your appointment if you are not prepared to pay your out-of-pocket costs at the time of your visit.

RETURNED CHECK FEE

A fee of **\$30.00** will be charged for any check returned for insufficient funds.

OUTSTANDING BALANCES

All outstanding balances are payable immediately upon receipt of the billing statement. Should your account become 60 days past due, the unpaid balance may be turned over to a collection agency. **A fee of 29% of the outstanding balance will be added to your account if your account is referred to collections.** Patients may be discharged from the practice if their account remains unpaid after 30 days in collections. Patients who are in collections may be seen for emergency conditions only. All patients who have been referred to collections will be required to provide a credit card to be kept on file for all future visits. Payment plans may be available for patients with significant financial need.

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.