Patient Name:		DOB:	
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Our goal is to provide you and your family with the best care in a warm, supportive environment. We wish to provide you with information that will help us to achieve this goal and through our Patient Policies.

- I understand if I need to cancel or change an appointment I must do so with the reception team during business hours at least 24 hours prior to my medical appointment and 48 hours prior to surgical or cosmetic appointments.
- Late cancellation or missing an appointment keeps other patients from being seen. Failure to give appropriate notice will result in the following charges:
  - Medical visits will result in a charge of \$50.00
  - Excision and surgical visits will result in a \$ 200 charge.
  - o Cosmetic and Aesthetician appointments will forfeit their deposits
- Additional offenses will result in discharge from the practice.
- I understand these charges cannot be billed to my insurance company.

## **Late Arrivals for Appointments**

Unless I am the last patient of the day, I understand Essential Dermatology will do its best to work me back into the schedule if I arrive late for an appointment. Other patients arriving will be seen at their appointment time, which may cause them to be taken ahead of me. I also understand that there may be times when this accommodation is not available, and I will be asked to reschedule my visit.

# Insurance: Co-Payments, Deductibles and Co-insurance

- Copayments are due and collected at check in on the day of the appointment. I understand I
  may be charged a \$25.00 administrative billing fee for each co-payment that is not paid at the
  time of service.
- Insurance Deductibles, including Medicare, will be verified prior to your visit. All unmet deductibles may be collected at the time of service.
- Mohs patients with unmet deductibles will be collected at least 7 days prior to your surgery.
- Deductibles are often an estimate, and additional balances may still be owed after your insurance has processed your claim. Any balances will be noted on a statement.
- Medicare patients without secondary insurance may be charged the 20% co-insurance at the time of service.

#### Insurance: Referrals and Insurance Policies

- It is my responsibility to know if my insurance plan requires a referral to see a specialist.
- I will obtain these referrals from my primary care doctor, track usage, obtain additional referrals as needed and verify Essential Ddermatology has these referrals in their office 24 hours prior to my visit.
- If I need a referral and fail to obtain one or fail to verify it is in the Essential Ddermatology
  office prior to my visit, I will either need to cancel my visit and be charged a late cancellation
  fee as noted above or will be a self-pay patient for the visit and pay all charges at the
  appointment. I recognize this visit cannot be submitted to my insurance company for
  reimbursement to me.

• I understand requesting a referral/ inquiring about my referral from my primary care doctor at the time of my appointment is not permitted. I understand it is my responsibility to either bring the referral information with me to my visit, or to ensure it has been received prior to my visit.

#### Insurance: Policies

- I will provide accurate insurance information in time for my appointment with presenting valid insurance card at all visits.
- Failure to provide insurance documentation will result in either rescheduling my appointment and charges as noted above for late cancellations or be a self-pay patient and will be required to pay all charges at the time of the appointment.
- If I produce an insurance card after the visit, I understand I will not be reimbursed for any self-pay fees until my insurance claim clears and is paid by my carrier.
- I understand the insurance carriers have a strict timeline for submitting claims. If I give an incorrect or invalid insurance card, fail to update an insurance card or miss the insurer's deadline, I will be responsible for all charges.

# Insurance: Uncovered procedures or visits and prior authorizations

- My insurance carrier may classify certain routine dermatology services as surgical procedures or as non-covered benefits; separate co-insurance, deductibles, co-payments, or full payment may therefore be required. As each insurance plan varies, I acknowledge that understanding my policy coverage is solely my responsibility. I accept financial responsibility for any services not covered by my insurance plan.
- I acknowledge that it is my responsibility to be familiar with the details and limitations of my insurance plan. While Essential Dermatology will make every effort to identify procedures and treatments that may require preauthorization, I understand that it remains my obligation to confirm whether prior authorizations, referrals, or notifications are necessary. If I do not inform Essential Dermatology of required authorizations or referrals, I accept responsibility for any charges incurred that are not covered by my insurance plan.

# **Insurance: Inquiries**

 I will review all communication sent to me by my insurance I will comply with requests for communication from my insurance company within 10 days of receipt or will be responsible for the entire balance.

#### **Credit Card on File**

- NON-Medicare patients with commercial insurance, will be required to maintain a valid credit card on file at our office.
- Card information is encrypted in a secured database and only the name and last 4 digits are visible to our staff.
- Patients will receive a statement regarding their balance.
- Patients will have 30 days from the statement date to pay their balance via personal check, through a secure payment portal on our website, by calling the office or paying in person.
- If payment is not received within 30 days of the initial notification, the credit card will be automatically charged for the balance noted.
- If a credit card declines, a \$25 administrative fee will be added to the balance, and I will have 5 days to provide alternate payment to the office or be in pre-collection status.

 After 60 days, my account will be sent for collections, and I will be responsible for attorney and processing fees.

## Medicare patient balances

- Medicare patients without secondary insurance will be asked to pay any unmet deductibles at the time of service.
- Medicare patients without secondary insurance will be asked to pay their 20% co-insurance at the time of service.
- Medicare patients with secondary insurance will have their claims processed by all insurance companies and will receive a statement for any outstanding balances from deductibles that are not covered by the secondary.
- Any balance left unpaid after 60 days without attempt at resolution will be considered for collections.
- Should my account be sent to collections, I understand I will be responsible, and I will be responsible for attorney and processing fees.

### **Deposits**

- Cosmetic visits require a \$200 deposit at the time of booking.
- Aesthetician visits require a \$100 deposit at the time of the booking.
- Deposits will be applied towards the treatment or procedure on the day of the visit.
- Deposits may be forfeited if required cancellation notice is not provided as noted above
- Should I have multiple cancellations or missed visits, I may be required to provide a deposit for future office visits.

#### **Minor Patients**

I understand a *legal guardian* MUST ACCOMPANY my child under the age of 18 to their initial appointment, and to subsequent appointments where additional consent will be required.

- Children without legal guardian at their initial visit will be rescheduled and late cancellation charges as noted above will be applied. Notes from legal guardians for the initial visit with permission to treat in their absence is not acceptable.
- I understand that unless documents are provided showing otherwise, both parents are assumed to make appointments and treatment decisions for their child. Disagreements on approaches to treatment are between the parents to discuss.
- I understand Payment (co-pays, deductibles, etc.) are due at the time of service regardless
  of which parent is responsible for medical coverage. We are not a party to your divorce
  agreement. We will collect all payments due from the parent who brings the child to the
  visit including requiring a credit card on file.
- If the divorce decree requires the other parent to pay all or part of the treatment costs, it is the authorizing parent's responsibility to collect from the other parent.
- Payments for copayments and deductibles remain due at the time of service even at times
  when the parent/ legal guardian is not present for the visit and can be handled with the credit
  card on file or arrangements made prior to the visit.

## Children under the age of 16

Unless the child has an appointment, we ask that children do not accompany you to your office visits without another adult to supervise them. Children under the age of 16 may not be left unaccompanied

in the waiting	area of the	practice. O	ur examination	rooms are	small and	we look to	maximize our
efficiency in e	xamining an	nd treating y	ou during our ti	ime togethe	er.		

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Essential Dermatology	will schedule appointm	ents for 2 family m	nembers per day.	Should additional
family members need t	to be scheduled in the s	ame day, a depos	it for \$50 per visit	will be required.

Patient or Legal Guardian Signature: _	Date:	
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