

FINANCIAL POLICY

We are extremely pleased that you have chosen us for your dermatological needs. We are dedicated to providing the best possible care and service to you. We realize the challenges with health care costs today, and we do our best to inform you of your personal and financial responsibility in obtaining care. This information regarding financial matters will be helpful to you in understanding our billing process.

1. Midlothian Dermatology files insurance claims for patients as a courtesy. Regardless of the patient having an insurance plan, the patient still has full responsibility for payment of the bill. It is also the patient's responsibility to know if the provider he or she is seeing is a participating provider with his/her health plan. A photocopy of your ID and insurance card is needed to assist with filing your claim.
2. The "patient balance" is due within 15 days of the statement date unless you have made other arrangements with the office. We will collect all outstanding patient balances prior to each visit.
3. Co-payments are always due at the time of service. Our contractual agreement with your insurance prevents us from waiving your required co-pay amount. If you have a remaining deductible with your insurance, we may ask for a deposit prior to receiving services (\$100 for medical appointments with procedures and \$200 for surgical appointments). Co-payments are usually associated with office visits whereas deductibles or co-insurances are usually associated with procedures (skin biopsies, "freezing", removing skin cancer (excisions), etc...). When a patient has a deductible or co-insurance, the cost of office procedures such as these is the patient's responsibility until that out-of-pocket is met.
4. If you have no insurance coverage or choose not to use your insurance, payment in full is due at the time of services. Please refer to self-pay rates in office.
5. Payment for cosmetic services or purchases will be required at the time of service and will not be filed with your insurance company. A \$100 deposit may be required to reserve your appointment for cosmetic services.
6. We accept CASH, CHECKS AND CREDIT CARDS.
7. A \$40.00 service charge will be assessed for returned checks.
8. Cancellation and Missed/ "No Show" Appointments — We understand that urgent issues arise, and illnesses occur. When this happens, call our office as soon as possible. If not, a charge will ensue. In the case of missed appointments or late cancellations, I understand that it is my responsibility to cancel my appointment greater than 24 business hours in advance of a medical appointment and 48 business hours in advance of a surgical or cosmetic appointment. Failure to do so wastes an appointment space for another deserving patient, and a \$40 charge (not covered by my insurance plan) will be billed to my account for a missed medical appointment. For missed surgical or cosmetic appointments, a \$100 fee (not covered by my insurance plan) will be charged to my account. Repetitive failure to notify or cancel in a timely fashion may result in dismissal from our practice and/or require a deposit be made to book future appointments (\$100 medical/\$200 surgical). This would be applied to the next visit's claim and be nonrefundable if the appointment is missed again.

9. Requests for medical records/ forms (FMLA, AFLAC, cancer policies, etc...) — These are available at a fee dependent upon chart volume. Medical records may be sent to another provider at no charge by fax. Other forms to be filled out will be charged a \$20 fee per form type. Form fees are required at the time of request.

10. Pathology services — if you have a biopsy taken, you may be billed separately for processing the slide and/or interpreting the slide. In some cases, a second opinion may be required to make a final diagnosis. Your insurance company may assess an additional co-payment for any lab or pathology services. Please contact the laboratory or your insurance company for concerns about laboratory/pathology bills.

11. Laboratory Services — if you have blood drawn you may be billed separately by the laboratory that conducts the test(s). If your insurance company requires a *specific* laboratory for the processing of your blood work, it is your responsibility to notify the our clinical staff at the time we order the lab. Please contact the laboratory or your insurance company for concerns about laboratory bills.

12. Call to correct any billing errors promptly. If you ignore our billing statements or telephone calls, we can only assume that you do not intend to pay for the medical services that were provided in good faith. Your account will be forwarded to an outside collection agency, and a fee of 33.3% will be added to the total balance.

13. Referrals — some insurance plans require that a referral from the primary care physician be obtained prior to being seen. It is the responsibility of the patient to obtain this referral. If a referral has not been obtained, you may be responsible for a larger portion of your bill.

14. Personal Injury — we will not be a party to any litigation suits filed for personal injuries. We require payment in full and any payment from litigation is to be sought by you for reimbursement.

15. Credit Card on File – Midlothian Dermatology has implemented a policy for commercially insured patients that enables you to maintain your credit card information securely on file. In providing us with your credit card information, you are giving Midlothian Dermatology permission to automatically charge your credit card on file for co-pay/co-insurance, outstanding balances, services and/or products.

Copays and Deductibles: Co-pays are due at the time of the office visit. If you have a remaining deductible with your insurance company, we may ask you for a \$100-\$200 deposit prior to receiving services. You may still choose to make your payment by check or a card different from the credit card on file.

Outstanding Balance: If your insurance provider has paid their portion of your claim and there is still an outstanding balance owed, Midlothian Dermatology will notify you with a statement by mail. If the balance is not paid in full within twenty-eight (28) days of this statement, a second statement will be mailed. If after fifteen (15) days of the second statement, your bill is not paid, the balance owed will be charged to your credit card to avoid sending you to collections. A copy of the charge will be mailed to you. This in no way compromises your ability to dispute a charge or question your insurance company's determination of payment. If you cannot pay in full, please call the billing office to make other arrangements. Payment plans may be considered. We will try our best to work with you.

Services and Products: Self Pay services and other fees are due at the time of the office visit.

This card will only be authorized for the use of the credit cardholder. This agreement will expire upon termination of services and settlement of the final balance. The cardholder may also revoke this consent at any time in writing while understanding that continued services may not be available if an unpaid balance accrues and/or a credit card is not maintained on file.

I have read this policy and accept the terms as outlined above. My signature on the registration form reflects this understanding.

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