



Dermatology Associates, P.C. Patient Financial Policy

Thank you for choosing Dermatology Associates, P.C. for your skin care needs. We are committed to providing you with quality and affordable healthcare. The following is a summary of our financial policy:

Insurance: We participate in most insurance plans, including Medicare. We will submit your claims and assist you in any way we reasonably can to help get your claims paid by insurances we are contracted with. At each visit we must verify your current insurance. If we are unable to verify insurance coverage, you will be expected to pay at the time of service. It is your responsibility to know your benefits. Please contact your insurance company directly with any questions you may have regarding your coverage.

Co-Payments: All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Co-payment and co-insurance are determined by your insurance. We accept cash, check, Visa, MasterCard, American Express, Discover and Care Credit.

Deductible: An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay. Any balance remaining after insurance payment will be charged to your credit card.

Credit Card on File: As a guarantee of payment, DAPC is now keeping credit cards on file (CCOF). We do not keep any credit card information on file in the office or on any of our computers. We use a secure, encrypted gateway that is completely compliant as required by law. Credit cards are charged for copays; after insurance pays its portion, up to the fee charged for services performed; and for prearranged payment plans.

Referrals: If your insurance company requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain one. If a valid referral is not on file, you will be asked to sign a referral waiver. If the referral is not sent to us, you will be responsible for the cost of services rendered. It is also your responsibility to ensure that your PCP is listed correctly with your insurance company. If the PCP is not correct at the time of service, you will be responsible to pay for the cost of services rendered.

Non-Covered Services: Some of the services you receive here may not be covered by your insurance. If you and your provider agree that non-covered services are needed to provide you with the highest level of care or if you request a non-covered service, you will be asked to sign a statement indicating that you accept responsibility for payment in full. Aesthetic services are always payable at the time of service.

Treatment of Minors: Patients under the age of 18 must be accompanied by a parent or guardian to their first appointment to meet the clinician and complete all necessary paperwork. A signed authorization from the parent or guardian allowing our clinician to provide medical treatment is available for subsequent visits. All co-pays or monies due are expected to be paid at the time of each service. CCOF can be used for this.

Non-Payment: If your account is 90 days past due, we will refer your account to a collection agency. This agency may report your delinquency to a credit bureau. You also may be dismissed from our practice.

Returned Checks: Checks returned by your bank as non-payable will be assessed a \$35.00 processing fee. This charge will be your responsibility and is billed directly to you.

Missed Appointments: Please give us 24 hours notice if you must cancel your appointment. This will allow us time to schedule another patient. It is our policy to charge \$50.00 for missed appointments or for those not cancelled within 24 hours. The charge will be your responsibility and billed to you directly.