



## Financial Policy

**DIVINE DERMATOLOGY FINANCIAL POLICIES** Thank you for choosing Divine Dermatology for your skin care needs. We are committed to providing you with the best possible care. Our Medical and Business staff members will work very hard to make sure that your paperwork is filed accurately and promptly.

**INSURANCE:** We participate in many insurance plans, including Medicare. We will attempt to bill whichever insurance you have advised us of as a courtesy. Because most of the data we have relative to you comes from you, please help us maintain accurate records by filling out forms legibly, and letting us know whenever important data changes (like your address, telephone number[s], any changes in your name, your medical insurance, etc.).

**KNOW YOUR BENEFITS:** Each and every insurance company and plan, including Medicare, has different plans, each with different benefits. Because your health insurance is an arrangement between you and your insurer, you should understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your own benefits with them. Many insurance plans have their own specific criteria for which services they will cover and how frequently they will cover them. Consequently, it is impossible to know all of the many different employer group benefits from one employer to the next. Therefore, Divine Dermatology cannot be held responsible for informing patients whether a particular service is “covered” or not. However, our staff will make every effort to try to assist you in understanding your health benefits or supply you with other health plan-related resources.

**REFERRALS:** Your insurance plan may require a referral to be submitted by your primary care physician before seeing a specialist (dermatology is a medical specialty). It is your responsibility to obtain your necessary referrals for your insurance plan to accept a claim for the visit. If you don't have a referral at your appointment time, your appointment will need to be rescheduled, and you will be charged a missed appointment fee of \$50.00. If a claim is denied due to lack of having this required referral, you (the patient) will be responsible for full payment of the office visit.

**PROOF OF INSURANCE/ID:** All patients must complete our patient information form. We must also obtain a copy of your driver's license and current, valid insurance card. If you are unable to present an insurance card at the time of service, or if you are covered by an insurance company with which we are not contracted, we require that you pay in full for services in advance.

**COPAYMENTS, COINSURANCE AND DEDUCTIBLES:** All copayments, coinsurance and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to do so may be considered a breach of your contract with your health plan. We may decline to see patients for non-emergent visits if co-payments are not made at the time of the visit.

**CLAIMS SUBMISSION:** Our office will submit your claims to the insurance companies we



are contracted with and assist you in any way we reasonably can to help you get your claim paid. Your insurance may need you to supply certain information directly to them. It is your responsibility to comply with their request in a timely manner.

**NONPAYMENT:** In the event that your insurance does not pay your claim to us in sixty (90) days, we will transfer the remaining balance to you and will send you a statement. If the account becomes 60 days past due, then the unpaid balance may be turned over to a collection agency. Please be aware that all collection fees and/or legal fees will be owed in addition to the remaining balance. Patients sent to collections may be discharged from the practice after 30 days unless the balance is paid in full or other arrangements are made. Patients will be notified by regular or certified mail that they have 30 days to establish alternative medical care. During that interim 30-day period, you will only be able to be treated at Divine Dermatology on an emergency basis.

**NON-COVERED SERVICES:** Your provider may provide services that may not be covered as a benefit of your specific plan with your insurer. Patients or Guarantors are financially responsible for any and all services provided that may not be covered by your insurance plan. It is your responsibility to know and understand your specific insurance plan and what benefits are provided.

**PRIVATE PAY/SELF PAY:** Payment in full is due at the time of visit, without exception.

**OUTSIDE PATHOLOGY, LAB FEES:** Biopsy, Pathology and Lab samples sent outside of our office are billed independently of Divine Dermatology. You may receive a bill from the outside lab and will be responsible for payment to that facility. Questions regarding these bills should be directed towards the lab itself.

I have read and agree with the above Patient Financial Policy. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patient Name:

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Patient

Signature: \_\_\_\_\_

Patients under 18 years of age:

Responsible Party

Signature: \_\_\_\_\_

Date: \_\_\_\_\_