

## OFFICE POLICIES AND PATIENT RESPONSIBILITIES

Thank you for choosing Midland Dermatology and Skin Cancer Center for your skin care needs. It is our goal to provide you with a positive experience. Over the past few years, the practice of medicine has become more complicated for physicians and patients alike.

Because of the growing complexity of the insurance business, we feel that we can no longer assume that patients fully understand the relationship between the insurance company, the physician, and themselves. To clarify this relationship, we have established a set of guidelines regarding financial responsibility and office policies.

### We will file your insurance for you if we are in your network

- When making an appointment with one of our providers, it is your responsibility to confirm with your insurance company that the physician/provider is currently under contract with your plan. If your insurance is a plan for which we are not a contracted provider, we are more than willing to provide care but the total cost of your visit will be your responsibility at the time of service.
- It is your responsibility to understand your insurance plan coverage. If you do not understand your policy, you may wish to contact the number on the back of your insurance card to review and verify your benefits. Not all services are covered benefit in all contracts. Some insurance companies select certain services or diagnosis codes that they will not cover. Our office never guarantees that your insurance will pay for all services. We will make every attempt to file your claim as straightforward and simple as possible. **HOWEVER, IF FOR ANY REASON YOUR CLAIM IS DENIED, YOU ARE RESPONSIBLE FOR THE AMOUNT DUE ON YOUR ACCOUNT.**

### Referrals

- With some insurance plans, you may be required to see a Primary Care Physician (PCP) in order to see a dermatologist or other specialist. If your plan requires authorization by a PCP, you must obtain a referral prior to scheduling your visit. If your plan requires a referral and you or your PCP does not provide one by your scheduled appointment time, please be prepared to pay for your visit in full or reschedule.

### Copayments, Deductibles and Coinsurance

- A copayment is a set dollar amount you owe for each office visit. All claims are subject to a deductible if a procedure is performed (i.e., biopsy, cryosurgery, Mohs, excisions, etc.). A deductible is the amount you are obligated to pay before your insurance company starts paying for your healthcare costs. Some insurance plans may also have a coinsurance, in which you may be responsible for a percentage of healthcare costs in addition to your copayment or deductible. It is your responsibility to understand your plan and any associated deductible or coinsurance. **PAYMENT WILL BE DUE AT TIME OF SERVICE. IF YOUR DEDUCTIBLE HAS NOT BEEN MET OR IF YOUR PLAN REQUIRES A COINSURANCE PAYMENT YOU WILL BE ASKED TO PAY THOSE ADDITIONAL AMOUNTS AT CHECKOUT. YOU WILL BE BILLED FOR ANY ADDITIONAL AMOUNT YOUR INSURANCE COMPANY NOTIFIES US IS DUE FROM YOU.**

### A valid Picture ID and your Insurance Card are required at the time of your office visit

- Without a valid insurance card, we are unable to file a claim to your insurance company and you will be responsible for the day's charges at the time of service.
- It is your responsibility to notify the staff of any changes in your address, phone number and/or insurance plan, and provide a current up-to-date insurance card at each visit. Failure to do so may cause your insurance claim to be rejected, thus making it your responsibility to pay for the total cost of the visit.

### Patients Undergoing Skin Cancer Treatment:

- I understand that if I have a skin cancer and that it is my responsibility to seek follow-up care by Midland Dermatology and Midland Skin Cancer Center personnel or other dermatology professionals. *Failure to seek follow-up care is my responsibility and I do not hold Midland Dermatology and Midland Skin Cancer Center personnel professionally or personally responsible for skin cancer follow-up.*

### Not Medically Necessary or Cosmetic Procedures

- Your insurance company may deem certain procedures as not medically necessary, or cosmetic. If you and your doctor/provider decide to continue with a procedure that falls into this category, we require payment in full at the time of service. The following are some examples:
  - Removal of benign lesions (i.e., skin tags, angiomas, sun spots or liver spots, cysts, milia, sebaceous hyperplasia, or seborrheic keratoses, etc.)
  - Botox, fillers such as Restylane and Perlane, scar revisions, cosmetic consults, or cosmetic procedures such as chemical peels, microdermabrasions, and laser hair removal, etc.
  - **THE COST OF ANY PROCEDURE WILL BE A SEPARATE FEE FROM AN OFFICE VISIT OR CONSULTATION FEE.**

### Prescription Refill Policy

- Midland Dermatology and Midland Skin Cancer Center requires that you be seen at least once a year in to maintain any prescription give by our providers. These prescriptions have been written to allow the maximum number of refills the provider is comfortable giving without having to assess your condition or review or test for side effects. Please keep your follow-up appointments and plan ahead to avoid being without your medication. We do not give prescription extensions if you fail to keep recommended visits.

**Laboratory and Pathology Fees**

- At times, it may be necessary to obtain a tissue sample (biopsy) or perform lab tests to confirm a diagnosis or determine a course of treatment. **IF A BIOPSY OR OTHER LAB WORK IS DONE, YOU WILL RECEIVE A SEPARATE BILL FROM THE PATHOLOGIST OR LABORATORY FOR THESE TESTS.** If your insurance plan has a preferred provider for blood work or pathology, please notify our office staff prior to any procedure for special handling. Although the lab will file with your insurance, you are responsible for any bill you may receive from the laboratory or pathologist. Please discuss any billing errors or discrepancies with those institutions.

**Medical Record Copies**

- There is a \$25 fee for medical record copies for the first 20 pages. There is a \$0.50 per page fee for each additional page. There may be additional fees if notary service or affidavits are required. This fee covers the cost of our staff and supplies required to make copies.

**Check-In**

- Your time is important to us. The first step in keeping your appointment on time is being prepared. This includes filling out all required paperwork prior to your first appointment. It is extremely important that you provide each piece of information that is requested on both the Patient Information and Medical History Questionnaire. This will avoid delays in creating your chart and account at your visit. Please arrive least 15 minutes prior to your scheduled time so that all paperwork may be completed BEFORE you are scheduled to see the provider.

**Missed Appointments, Late Cancellations, Late Arrivals and Non-Compliance**

- Please keep in mind that appointments are time-slots reserved specifically for you, We require a 24-hour advance notice if you are unable to keep your scheduled appointment. For your convenience, we offer appointment reminder calls 48 hours prior to your appointment that will allow you to cancel at that time. However, it is ultimately your responsibility to keep track of your appointments whether you receive a reminder call or not.
- If you miss an appointment without a 24-hour notice or cancel the same day as your appointment a \$25.00 cancellation fee may be assessed to your account. Surgery/cosmetic patients who fail to contact us for cancellation or whom no-show may have a \$50.00 fee assessed to your account. This fee is not billable to your insurance,
- We do our best to keep to the schedule. When a patient arrives late, it is impossible to stay on schedule, If you arrive more than 15 minutes past your scheduled appointment time, you may be rescheduled so that other patients are not inconvenienced.
- At times, a surgery may take longer than anticipated or a patient has been worked in for an emergency that may cause our providers to run late. You won't be rushed when you see the doctor and your patience is appreciated if we are running behind.
- Patients with multiple cancellations or missed appointments may be discharged from our practice.
- Please note that noncompliance with treatment plans (including medications and/or lab work) and abusive/inappropriate behaviour towards staff and/or patients will result in immediate dismissal of your care from our practice.

**Forms of Payment**

- We accept payment in the form of cash, check, MasterCard, visa, Discover and American Express.
- Instacheck processes any checks returned to us due to insufficient funds. In addition to charges assessed by Instacheck, we will assess a \$30 fee for all returned checks.

**Collection Fees**

- We will send you three statements regarding your balance. The second statement is considered past due. If you should receive a third statement noted "Final" the account balance will be turned over to a collection agency. If your account is turned over to a collection agency, you will be discharged from the practice.**

**Minors**

- The parent(s) or guardian(s) of minor patients MUST accompany the child for the initial evaluation and sign an informed consent to treat the child. Future visits will be covered under this consent. It is the responsibility of the parent or guardian to provide current insurance information and payment in full for services provided, should the child be unaccompanied at future visit. In cases of divorce or separation, the parent authorizing treatment for a child will be the parent responsible for those charges, If the divorce decree requires the other parent to pay all or part of the costs, it is the authorizing parent's responsibility to collect from the other parent.

**Electronic Devices Policy**

- In observance of the confidentiality rights of other patients and out of respect for the privacy of our employees and physicians. *please either turn off your cell phone or place it on silent. Video or audio recordings in this office are strictly prohibited.* You are welcome to take notes during your visit, and please remember that all medically necessary information is documented in detail in your medical record.

I have read, understand and agree to the above office and financial policies of Midland Dermatology and Skin Cancer Center. I hereby attest that I have given and agree to provide current demographic and insurance information and authorize release of information necessary for insurance filing by signing this statement. My signature below states my agreement and understanding of the Midland Dermatology and Skin Cancer Center office and financial policies and serves as a request and consent for treatment. I authorize and assign all benefit payments to be made directly to Midland Dermatology and Skin Cancer Center.

Signature of Patient/Legal Representative: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Patient/Legal Representative: \_\_\_\_\_