

West County Dermatology, Inc.
Office & Financial Policies

MR# _____

The physicians and staff of West County Dermatology, Inc. want you to completely understand our office and financial policies.

Payment of Services

Payment for services rendered is ultimately the patient responsibility. Your insurance policy is a contract between you and your insurance company. It is YOUR responsibility to give us the correct information about your insurance plan. You must comply with the rules of your insurance company (such as a valid referral) in order for your claim to be paid. Plan eligibility for procedures does not always confirm certification, authorization or payment of service. We will file your insurance claim, but for claims denied because of failure to comply with the insurance company requirements, you will be responsible for paying the denied amount. For patient balances and self-pay accounts, we accept cash, check, Visa and MasterCard.

Insurance companies also require you to present your insurance card at EVERY visit so that we can verify coverage. Be prompt for your appointment AND please provide 24 hours notice for appointment cancellation or rescheduling. We reserve the right to charge \$25 for missed appointments and \$75 for missed surgeries/procedures. Cosmetic services may require pre-payment.

Co-Payments and Deductibles

Your insurance company requires you to pay your co-pay at the time of service. Failure to pay is a violation of your contract with your insurance company. Please do not ask us to bill you for a co-pay. If you do not have your co-pay with you, we are happy to reschedule your appointment at the next available opening. Predetermination or prior authorization may only clarify if a service is “covered” by your plan, NOT who is paying for the service. The deductible or co-insurance amounts are always the patient responsibility. Until the deductible amount is satisfied, your insurance is not responsible for reimbursement or payment.

Non Covered Services

Not all insurance plans cover all services. Because we perform a significant amount of cosmetic services, we will inform you if we believe your service is not covered and inform you of the cost prior to performing the service. You are responsible for paying this in full on the date of the service. Be aware that at any given visit, you may have services which are covered and billed to your insurance company in addition to cosmetic services which are solely your responsibility. You will also be responsible for determinations made by your insurance company for services they deem “not medically necessary”.

No Insurance Coverage

If you do not have insurance coverage, we expect payment in full before service is rendered. In certain circumstances, payment plans may be made in advance of your visit.

Collections Policy

If you have an outstanding balance, we will mail you a statement monthly. A prompt response is expected. Failure to pay your portion of insurance allowable is a violation of your insurance contract and could result in insurance cancellation. If you default on your promised payment, our policy is to refer your account to an outside **collection agency** for your balance due plus a service fee up to 35% of the total balance and 12% interest per year as allowed by law.

Miscellaneous Policies

- We charge \$10 for reprocessing a check and \$20 for a bounced/returned check. After one bounced check, we require payment by credit card or cash.
- Minor children if unaccompanied by a parent should be sent with a method of payment for their copay.
- Balances over 60 days must be paid prior to further services being rendered unless arrangements are guaranteed.
- Copies of your records are available according to current regulations for \$22.02 charge plus \$0.47 per page.
- Each patient visit is accurately coded and documented to the best of our ability. Preventive care visits *do not apply* to dermatologic services and are not used by our office. Some insurance plans cover routine, preventative care while others cover only “problem” office visits.
- We value your time and make every effort to stay on schedule. Therefore, if you have a question about other family members, etc., we would be happy to schedule an appointment for them.

Patient or responsible party

Date