



ART OF DERMATOLOGY  
MEDICAL • SURGICAL • COSMETIC

## **Consent for Financial/Office Policies at Art of Dermatology PLLC**

Please remember that your health insurance is a contract between you and your insurance company. It is YOUR responsibility to know your health plan benefits, including co-payment amounts, deductibles, co-insurance, and lab contracts. As a service to you, we will submit a claim to your insurance company for all visit charges, but we do not share in the contract between you and your insurance company. You are responsible for any charges not covered by your insurance plan. Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service. A photo-copy of your ID and insurance card is needed by our billing department to assist you in filing your claim. It is the patient's responsibility to inform this office if your insurance requires pre-certification or pre-authorization of services prior to scheduling of such services. The patient will be responsible for services denied by insurance due to "No Eligibility", "Non-Covered Service", "Pre-authorization/Certification Not Obtained". Statements are released after your insurance pays, denies, or non-payment by your insurance.

**In Network Coverage:** For insurance companies that we are contracted with, we will determine your copay due at the time of the visit. Copayments and coinsurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are DUE AT THE TIME OF SERVICE.

**Out of Network Coverage:** For these plans, your copay is due at the time of the visit. You are responsible for the charges of the provided services, which may be higher than the similar services for an in-network provider. Copayments and coinsurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are DUE AT THE TIME OF SERVICE. Feel free to be a Self-Pay patient and submit your bill for reimbursement to your insurance company.

**Co-payments, deductibles, and fees:** Copayments and coinsurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are DUE AT THE TIME OF SERVICE. Failure to produce payment may result in your appointment being rescheduled. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to patients, you, the insured. Art of Dermatology PLLC has financial policies to enable efficient operational processes.

**Self-Pay Patients:** Self-pay or uninsured patients are responsible for payment at the time of service. The fee schedule is based upon the established Medicare fee schedule in place.

**Non-Covered Services:** Cosmetic services cannot be submitted to insurance and payment in full is due at the time of service by credit card or cash only, no checks will be accepted. Returned Check Fee: All returned checks will be charged a \$30 processing fee.

**Medicare Patients:** We will bill Medicare for you. We must have your signature on file and we will also bill secondary insurance carriers for you. All co-payments are due at the time of service. The patient will be responsible for any balance not paid by Medicare and secondary insurance.



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**Outstanding Balances:** If your account is not paid within 30 days of receiving the first bill, you will receive a phone call. If the account balance is not paid in 60 days, your account will be turned over to a collection agency and assessed a \$50 processing fee. Failure to pay bills will result in dismissal from the practice.

**Referrals:** Your insurance plan may require a referral to be completed before seeing a specialist. It is your responsibility to obtain the proper referral in order to be seen for your appointment. If you don't have a referral at your appointment time, your appointment may be rescheduled and you could be charged a missed appointment fee of \$100.

**Pathology/Laboratory Services:** Art of Dermatology PLLC uses third parties for our laboratory work and pathology services. You/your insurance will receive an additional bill from the lab service provider (Quest, LabCorp, CTA, Corewell etc). We are unable to adjust these charges as they are provided by a separate entity.

**Missed Appointments:** Please provide at least 24 hours notice to cancel an appointment. We do this so your appointment slot can be offered to another patient in need of attention. You will be charged a \$100 fee if you fail to keep your appointment or cancel with less than 24 hours notice. SURGERY appointments require at least 24 hours notice to cancel an appointment. If you fail to keep your surgery appointment, you will be charged a \$100 fee. After TWO missed appointments in a row, you will be dismissed from the practice.

**Prescription Policy:** Please call for refills during regular office hours and leave the patient's name, DOB, phone number, medication, and the pharmacy requested. Please allow 48 business hours to complete the request. Some prescriptions may be delayed due to completing a PRIOR AUTHORIZATION form set forth by the insurance companies. For oral medications, biologics, and some topical medications, the patient needs to be evaluated every 6 months. We cannot refill a prescription if the patient has not been evaluated within 12 months.

**Minor Policy:** All minor patients must be seen on the first visit with their Guardian/Representative.

I have read and understand the Financial/Office Policies of Art of Dermatology PLLC.

Patient/Guardian signature: \_\_\_\_\_

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