

# COASTALDERMATOLOGY Financial Policy

## IN-NETWORK PROCEDURE PATIENTS

We would like to share the following policies with you so that you may understand your responsibilities regarding the charges for services rendered to you by this office. If you have any questions about our fees, financial policy or your financial responsibility please let us know.

- You **MUST** present a **current insurance card** and **government issued photo ID** at the time of service to be scanned into your file.
- **Copayments** — We must collect your carrier designated copay at the time of service by law. Please be prepared to pay the copay at each visit upon check in.
- **Non copayment plans** — If your plan does not require a copay and we participate, we will accept the designated fee insurance covers. You are responsible for any deductible or co-insurance your plan indicates on their explanation of benefits.
- **Referrals** — If your plan requires a referral from your primary care physician it is YOUR responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If you do not have your referral, you can reschedule your appointment or leave a deposit of \$200 which we will hold for 2 weeks. We will refund your deposit minus any copay once you provide us with a properly dated referral.
- **Cosmetic services** — Health insurance companies do not consider certain procedures medically necessary and therefore cosmetic services are not considered an in-network procedure. The patient will be advised by either the physician or staff that a requested procedure, during a covered in-network visit, will not be covered by insurance. The patient will be financially responsible for any cosmetic service outside the scope of a medically necessary procedure. A description of this procedure and a reasonable estimate of the costs will be provided by the physician/staff. Payment for cosmetic procedures are due at the time of the visit. Please contact your insurance carrier for further consultation on the costs of the procedure.
- **Medicare** — We submit to Medicare for the Medicare allowed amount. You will be responsible for the deductible and the 20% co-insurance, which can be billed to secondary insurance if you have one.
- **Medicaid** — We do not participate or submit to Medicaid therefore you will be responsible for any balance after Medicare.
- **Laboratory fees** — for biopsies, blood work, cultures, etc are billed to your insurance company by the performing laboratory.
- **Billing process** — Patients are responsible for their copayment, deductible or co-insurance designated by their insurance plan. If your account is not paid in a timely manner we reserve the right to place accounts with and outside collection agency for your remaining balance. This will incur a collection processing fee of \$35.
- **We accept cash, check or credit cards** — In the event that a personal check is returned uncollected from your bank, your account will be charged a \$25 returned check fee.

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Signature of Patient or Responsible Party

Date