



# Market Street Dermatology Financial Policy

Thank you for allowing Market Street Dermatology to serve your skin care needs. We are committed to providing you with the best care possible in an environment that is honest and straightforward. **Our financial policy is different from many clinics, so we ask that you read it thoroughly before your visit.** We would be happy to answer any questions you may have about our policy.

Our relationship is with you and not your insurance company. This information is provided to avoid any confusion regarding payment for professional services. When you become a patient at our office, we will ask you to sign a copy of our financial policy. Your signature below shows your understanding and willingness to comply with our policy.

## **MEDICARE**

We participate with Medicare. All office visits and procedures will be directly billed to Medicare part B, which pays for 80% of covered services. You are responsible for the portion of your bill that Medicare does not cover. We will assist you in submitting claims to supplemental insurers, however payment is determined by your individual plan with the insurer and any unpaid fees are your responsibility.

The Federal Medicare program, administered through the Center for Medicare and Medicaid Services (CMS), does not cover many services they consider medically unnecessary or inappropriate. You will be responsible for all fees related to these services. You will be notified and a signature requested prior to receiving any potentially uncovered services. Supplemental or secondary insurances to Medicare will not cover services denied by Medicare. We recommend checking with your insurance carrier prior to treatment if you are concerned about these issues.

## **PRIVATE INSURANCE**

If we are contracted with your insurance company, we will submit your claim. All co-pays and any uncovered portion of your bill is your responsibility. Co-pays will be collected at the time of your visit. If a referral is required for you to be seen in our office, it is your responsibility to obtain this prior to your visit. If coverage is denied, you will be responsible for payment.

Although we see and care for patients with any and all private insurance plans, we do not have contracts with all private insurers. In these cases, we are considered "out-of-network" providers. We will provide you with an itemized bill, which you may submit directly to your insurance company. However, it is the responsibility of the patient or legal guardian to provide payment in full at the time of your visit. If payment is made at the time of service, we will provide a 25% discount from our fees for all non-cosmetic care. We code your visit as accurately and appropriately as possible, but we are not responsible for determining the extent to which you are entitled any reimbursement from your insurance company.

Please feel free to contact our office with any questions or concerns about this policy. We can also provide you with a typical range of costs for common problems and treatments prior to your visit, and we will discuss procedures that may incur an additional cost prior to performing the procedure.

## **PAYMENT OF YOUR BILL**

We accept Visa, Mastercard, American Express, cash and check. Additionally, we have a secure, online bill payment option. Payment plans are available in arrangement with our billing office. A \$15 billing fee will be added to balances not paid at the time of service for cosmetic procedures.

Any balance from a completed claim that is still unpaid after 90 days and we have not been contacted to set up a billing arrangement will be forwarded to a collection agency. A \$25 fee will be applied for a returned check. A more detailed description of our billing practices are available on our website or we can provide you with a written policy.

## **MISSED APPOINTMENTS/LATE CANCELLATIONS**

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. We reserve the right to charge a fee for cancelled or missed appointments. For cancellations, 24 hours' notice prior to the appointment is requested. A **\$50** fee may be charged for a second missed appointment.

## **PATHOLOGY AND LABORATORY SERVICES**

Some services, such as blood work, tissue obtained from biopsies or surgical specimens require an outside laboratory for processing and evaluation. Billing for these services will be directly handled by these outside providers, who may or may not participate with your insurance plan. We will forward your insurance information on your behalf to these service providers. It is your responsibility to provide accurate and up to date insurance information.

I HAVE READ, FULLY UNDERSTAND AND AGREE TO THE TERMS OF THE FINANCIAL POLICY SET FORTH BY MARKET STREET DERMATOLOGY.

Signature of Patient or Guardian: \_\_\_\_\_

Date \_\_\_\_\_