Financial Policy

IDENTIFICATION REQUIREMENTS

This practice is committed to safeguarding your identity. Federal regulations require verification of your identity at each visit to verify the identity of anyone presenting medical insurance identification. To satisfy the federal requirements, your driver's license will be scanned into your electronic file. This allows us to verify your identity for future visits. Refusal to provide the required identification may delay or prevent your being seen by our physician.

ASSIGNMENT OF BENEFITS

I request that payment of authorized Medicare or applicable private insurance benefits be paid directly to Affiliated Dermatologists of Virginia, for services provided under their care.

HEALTH INSURANCE ELIGIBILITY, POLICY UPDATES & NEW INSURANCES

It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit. In your agreement with your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. It is your responsibility to understand your benefit plan. All prior balances must be paid prior to your visit. We DO NOT participate with all insurances. If we do not accept your insurance, and you wish to be seen at our office, you may elect to pay for services in accordance with the FINANCIAL RESPONSIBILITY listed below. It is important to note that any money paid on your self-pay account will not be applied to your insurance deductible. Failure to provide accurate insurance information, which causes denial of your services may lead to dismissal from the practice.

REFERRALS & AUTHORIZATIONS

I understand if my insurance company requires a referral, I am responsible for obtaining a referral prior to my visit. If I do not have a referral at the time of my scheduled appointment I will be required to reschedule. It is also my responsibility to ascertain if a pre-authorization is required by my insurance company.

PATHOLOGY & LAB 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 laboratories. While we do attempt to route specimens to the proper lab based on your insurance, we cannot guarantee their participation. By signing, you are giving us permission to provide your insurance information to the lab on your behalf. It is your responsibility to provide accurate and correct insurance information.

ABN *(Advanced Beneficiary Notice)*

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're responsible for all fees related to these services. You'll be notified and your signature will be required prior to receiving any potentially uncovered services. Supplemental or secondary insurances to Medicare will not cover services denied by Medicare. Please check with your insurance carrier prior to treatment if you're concerned about these issues.

MISSED & CANCELLED APPOINTMENTS

We require at **least 24 business** hours' notice if you must cancel an appointment. Failure to do so will result in the following cancellation fees: **$100.00 for surgical appointments, and $50.00 office visits.** The office is open Monday through Friday. Missed appointments will require a $50 deposit prior to rescheduling.

LATE FOR APPOINTMENT

If you arrive 15 minutes late or more to your appointment, you will likely be asked to reschedule unless the physician's schedule can accommodate you. This does not mean you will be seen immediately, but we will try to work you in between the other scheduled patients.

COSMETIC PROCEDURE

Patients are expected to pay in full at the time of service. All cosmetic procedure fee(s) will be collected in full at the time of service.

COLLECTION OF CO-PAYS & DEDUCTIBLES

Per your agreement with your insurance carrier, you are required to pay all applicable co-payments at the time of service. In addition, if you are insured with a high deductible insurance plan and have not met your deductible, we may collect the contracted rate for services rendered at the time of service.

RETURNED CHECKS

Checks are processed by a third-party vendor. The vendor will directly bill you $35.00 for any check that is returned for insufficient funds.

FINANCIAL RESPONSIBILITY

I understand that Affiliated Dermatologists of Virginia, as a courtesy, will file my insurance claims with insurance companies that the Practice participates with; however, I am ultimately responsible for the full payment of all charges. Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's responsible party, understands that Affiliated Dermatologists of Virginia has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for service rendered. The patient, or the patient's responsible party, understands and agrees to pay all collection fees including the total unpaid balance due, plus court cost and filing fees incurred by Affiliated Dermatologists of Virginia.

All patient balances are billed immediately upon receipt of your insurance plan's Explanation of Benefits. Your remittance is due within 10 business days of your receipt of your bill. Payment plans are accepted for a six (6) month period, beginning on the first date of service with a balance. If previous arrangements have not been made with our billing department, any account balance outstanding longer than 90 days will be forwarded to a collection agency. Any patient account balance over 90 days past due, that does not have a financial payment contract will be turned over to an outside collection agency. This also includes any patient account balances that have defaulted from their financial payment contract.

CONSENT FOR THE RELEASE OF MEDICAL RECORDS OR CANCER CLAIM FORMS

I authorize Affiliated Dermatologists of Virginia to release necessary medical information to my insurance company, its agents, or any third-party payer in order for payable benefits for these services to be determined.

First time medical records request are free for pages 1-10 and the $10.00 fee is waived. If your request is greater than 10 pages, there will be a fee of $0.50 per page up to the maximum of $15.00. All additional medical records requests thereafter will have an administrative fee of $10.00, plus $0.50 per page up to a maximum of $15.00. A separate CONSENT FOR THE RELEASE OF MEDICAL RECORDS Form must be completed before your request can be processed.

If you would like the office to complete Cancer Claim Forms there will be an administrative Flat fee of $10.00 per Cancer Claim Form.

All Records/Forms must be picked up or emailed, we do not mail them.

I acknowledge that Affiliated Dermatologists of Virginia will scan this document and destroy the original, and agree that the scanned document is the same as the original.

_____ _____

Signature of Patient or Responsible Party Date

_____ _____

Printed Name of Signature Relationship to Patient