FINANCIAL POLICY
ACCEPTANCE OF LIABILITY WAIVER

Thank you for choosing **Complete Dermatology** as your healthcare provider. It is our goal to meet patient needs and address patient concerns effectively. Areas of primary concern for all patients are the financial policies of the practice, especially those pertaining to insurance billing and patient payment requirements. As in all aspects of healthcare today, the greater role the patient assumes in the healthcare process, the higher the degree of satisfaction achieved. For that reason, we expect our patients to take an active role in their healthcare management. In an effort to keep patients informed about such policies, we ask that all patients read and sign a copy of our Financial Policy prior to receiving treatment.

INSURANCE is filed for all primary and secondary carriers for whom the practice has a valid contract. The patient is responsible for filing claims to carriers for whom the practice does not have a valid contract. This includes all carriers who are secondary to Medicare that are not Medigap crossover carriers. There can be significant variances on services covered, deductibles, copay requirements, network requirements, preauthorization for services, and other responsibility to verify that the services requested and the physicians are covered by the terms of your insurance plan. If there are any questions, the insured is to call his or her insurance carrier to confirm coverage. If any services are denied as out of network, not covered by the terms of the policy, policy not in force, not medically necessary or have a deductible or copay issue, the patient or responsible party will be billed.

PATHOLOGY charges may be incurred when biopsies or other excisions are performed by your provider. It is important to have a skilled dermatopathologist interpret the specimens. Most biopsies and pathology will now be handled by ADG Pathology. Every effort will be made by ADG to process the charges associated with these services under your insurance plan, even if that office does not accept your insurance. In the event ADG cannot process these charges through your insurance plan, then you will be responsible for payment as with any dermatopathology lab that we have previously used. Further, our practice may receive a benefit from the referral. Our ownership interest in ADG Pathology reflects our commitment to providing the highest standard of patient care for the dermatopathology services provided in our office today and in the future.

WE DO EMPLOY A NURSE PRACTITIONER in our office, Kathy Nguyen, FNP-BC. Please be advised that if you are scheduled with the Nurse Practitioner, you will get the same type of appointment as when seeing a physician. You have the right to see a physician in the office as well. If that is your choice, please let the check in staff know and they can schedule that appointment for you.

RETURNED CHECKS will result in 25.00 service charge. The check amount plus the service charge is to be paid within 5 business days of notification. Failure to pay within this time will result in further collection efforts.

WALK OUT POLICY: Payment for services is expected at the conclusion of your appointment. Any patient that walks out of our office without making or arranging payment will be assessed a $40.00 walk out fee.

NO SHOW OR LATE CANCELLATION POLICY: If you are unable to attend an appointment, please let us know as soon as possible so we can assign your time slot to another patient. We ask for at least one business day cancellation notice for all appointments. Failure to abide by this will result in a no show fee. This fee is $25.00 for office visits and $40.00 for surgery or cosmetic visits. As a courtesy, we make every effort to contact the patient in advance to confirm the scheduled appointment; however, it remains your responsibility to know and to keep your appointment.

LATE POLICY: If you are more than 15 minutes late to your scheduled appointment, we will make every effort to work you back into the provider's schedule. However, we may have no choice but to reschedule your appointment.

REQUEST FOR MEDICAL RECORDS AND COMPLETION OF FORMS will be charged at $25.00 per request. Upon receipt of payment, documentation will be returned or can be picked up within 3-5 business days unless otherwise notified.

TURN OVER FOR MORE INFORMATION

STATEMENTS AND BILLING CORRESPONDENCE are sent to update you as to the status of the account and whether your insurance company has fulfilled their obligation to you, the policy owner, to pay claims in a timely manner.

DELINQUENT ACCOUNTS are placed for collection at 90 days from the date the services were rendered. Additional fees can be assessed in collection efforts. Patients having financial difficulties are encouraged to discuss them frankly with our Practice Manager before the account becomes delinquent.

I have read the Financial Policy and Notifications of **Complete Dermatology**. I understand and agree to adhere to the policies as outlined. I further agree to be responsible for all charges not covered by the terms of my insurance plan.

PAYMENTS are expected at the time services are rendered. This includes all deductibles, co-insurance, copayments, and any non-covered services, such as cosmetic procedures. It should be noted that any procedure performed in the office, such as freezing a wart or performing a biopsy on a mole is considered "office surgery" by all of the major insurance carriers and may be subject to your deductible. Patients who have an insurance carrier with whom the practice has a valid contract will be responsible for all fees as outlined in the patient's contract agreement. We will do everything possible to verify your insurance benefits including copay amounts and remaining deductible prior to your visit and provide prompt refunds for any overpayment. If you believe the information we verified is incorrect, please let one of our billing staff know. To better serve our patients, we have added a new option to make payments easier. This feature allows us to bill your insurance and then automatically charge the patient responsibility to your credit card only after your insurance has processed your claim. **What you need to know about Credit Card on File:** This will allow Complete Dermatology to charge your credit card for any balance remaining after your insurance company has paid for all services provided by Complete Dermatology on or after the effective date and before the expiration date. I acknowledge that:

- I will pay my co-pay at the time of my visit, but wait to be charged for any deductibles, co-insurance, or non-covered services until after my insurance company has processed my claim.
- My credit card will be charged upon review of the final Explanation of Benefits from each applicable insurance company for services rendered while this agreement is in effect.
- I will receive an email notice of the amount to be charged to my credit card approximately 2 days prior to being charged and receipts via email detailing the amount charged.
- My credit card information will be stored electronically by Elavon, Inc. a secure credit card processor affiliated with US Bank that partners with Complete Dermatology to collect payments and provide credit card services. Credit card information will never be shared.
- I may cancel the CCP agreement at any time by contacting Complete Dermatology. Any unpaid amounts relating to services provided while this agreement is in effect that are not covered by insurance will then be billed directly to me.

HIPAA GUIDELINES AND OTHER DISCLOSUERS

I acknowledge that Complete Dermatology has made the Notice of Privacy Practices available to me. I authorize release of medical information to my primary care or referring physician, to consultants if needed, and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the practice.

In general, the HIPAA privacy rule gives individuals the right to request a restriction on uses and disclosure of the Protected Health Information (PHI). The patient is also provided the right to request confidential information or that communication of PHI be made by alternative means, such as sending correspondence to home, leaving messages on answering machines, and leaving lab or procedure results with a spouse. Please note that unless we have additional authorization in writing, we cannot fax medical records containing PHI.

COMPLETE DERMATOLOGY

I wish to be contacted in the following manner:

- **Phone**

  Select how you would like to be contacted

- I give you permission to discuss all my medical information with the following person:

  _____ _____

  Name Relationship

- I give permission to **email** my information to me at the following email address:

  _____

- **I prefer to have my appointments confirmed via (CIRCLE ALL THAT YOU PREFER)**:

  ◯ CELL PHONE ◯ TEXT MESSAGE ◯ EMAIL

OPTIONS FOR PAYMENT

Please see the options below on how to pay your portion of services rendered:

☐ I **DO** prefer to participate in the credit card on file program that is outlined above. My credit card will remain on file until I cancel this agreement. I will notify complete dermatology with any changes in the credit card information.

☐ I **DO NOT** want to participate in the credit card on file program. I will be responsible to pay my estimated portion by cash, check, or credit card at each visit. Any amount owed after my insurance processes will be due within 30 days from the date the statement is received. Any time my account becomes delinquent, a 25.00 service charge will be placed on my account and my account will be sent to a collection agency.

By signing below, you acknowledge you have read and understand these disclosures. This consent will remain in effect unless otherwise revoked in writing.

_____S _____

Signature of Patient **Date**

_____ _____ _____

PRINT NAME OF PATIENT If applicable, Signature of Patient's Legal Guardian DATE