

We appreciate your confidence in choosing Advanced Dermatology & Skin Cancer Center, PLLC. In this age of “managed care” it is particularly important for you, the patient, and for us, the provider’s office, to adhere to certain rules to ensure that medical claims are properly submitted for payment.

We must have a copy of the patient’s insurance card and photo ID to identify the patient and their coverage to process their claims correctly. This will need to be updated on a yearly basis and at any time your insurance coverage changes.

Please read our financial policy and be prepared to sign the policy when you register in the clinic.

We are required to keep your signature on file authorizing us to file claims to insurance for you and to release information to that payer if they require it for the proper consideration of a claim. Please take a moment to review our financial policy.

Medicare Patients:

We are Medicare providers, and accept assignment of Medicare’s allowable fees. If you have a secondary insurance, we will submit a claim to your secondary carrier after Medicare pays. If your secondary carrier pays only a percentage of the co-insurance amount, you are fully responsible for the residual amount and any deductible amount remaining for the year. If you do not carry a secondary insurance, you will be asked to pay your portion at the time of service. Using the insurance information, you provide, it is our goal to calculate your portion due; realizing every claim is different, our calculations may not be exact. After the claim is paid, if you have a balance you will receive a statement from us. In the event you have a credit balance, we will issue a check to you for any overpayment.

Managed Care & Other Insurance Plans**Verification of insurance coverage and benefits:**

Our office will contact your primary insurance carrier to verify your coverage, benefits and any deductible remaining for the year prior to each visit. Co-payments, remaining deductibles, and co-insurance will be calculated and due at the time of visit.

Private Pay Patients:

For patients without insurance coverage, payment is due at the time of service. After your original consultation if any surgery is discussed, our staff should be able to provide you with an estimate of total charges. A deposit is required prior to the surgery date with the balance paid on the date of service.

Referrals:

For those patients on managed care plan which require referrals, it is the patient’s responsibility to see that your referral is current. You will need to check with your primary care physician (PCP) office to initiate the referral. It is best to ask your PCP to authorize an initial office consultation and treatment to cover any planned surgery. If your PCP will only authorize the initial office consultation, you will be responsible for getting another referral prior to any surgery. If our office has not received a current referral one week before your appointment, you may pay for the visit at the time of service, or your appointment will need to be rescheduled to allow time for our office to receive a referral.

Veterans:

We realize if you are referred here by the Veterans Administration, they pay your services in full. A prior authorization must be on file with our office prior to your visit. However, we do have some veterans who schedule and use their Medicare or Managed Care Insurance and we want those patients to understand our policies.

Disability Claims, Leave of Absence (FLMA), Cancer Claims and other forms you might request our office to complete to you:

We now require a \$25.00 (per set) pre-payment to complete these forms.

Pathology:

If you have a biopsy and require pathology reporting, please understand the pathology charges are billed **after** the pathology report is received and a diagnosis has been made. You will be billed for the pathology charges at a later date. This bill may be from our office and/or an outside pathology department, depending on your diagnosis.

Products:

All products are to be paid for at date of purchase. We do not send statements for products. All product sales are **final**; no returns or exchanges are allowed.

Cosmetic Procedures:

Cosmetic procedures are to be paid for on the date of service. Some procedures may require pre-payment or deposit with the balance paid on date of service. There will be a **\$100.00** charge for all cosmetic appointments that are not canceled at least 24 hours prior to the set appointment time by calling our office at (479) 718-7546 and speaking with one of our staff or leaving a voice message.

Methods of Payment:

Our office accepts; personal checks, cash, MasterCard, Visa, Discover, CareCredit and debit cards.

There is a **\$25.00** charge to the patient for returned checks due to insufficient funds or closed accounts.

Cancellation/No-Show Policy:

Our office makes attempts to confirm your appointment prior to the scheduled date. Please provide our office a minimum of 24 hours' notice if you are unable to keep your appointment. Our staff personally contacts every surgery patient to confirm your appointment. There will be a **\$100.00** charge if you fail to keep the surgery appointment without a 24-hour prior notification.

Please be aware your insurance **does not** cover the charge for no-show visits—regardless of your insurance, **you are fully responsible** for these charges. The charge will need to be paid prior to rescheduling the appointment or surgery.

Collection Charges:

In the event you have a delinquent balance on your account and after making all possible attempts to collect the amount, if the account is turned over to an outside collection agency, you will be responsible for the balance on the account plus any fees the collection agency charges for collection, **which could be up to 33% of the balanced owed.**

Questions:

Should you have any questions regarding our financial policies, please contact the office at (479) 718-7546.

You may reach **Billing** by choosing **option 2** or **extension 517**.