

FINANCIAL POLICY 2021 Revision

Our financial policy is intended to help us get your charges covered and your patient responsibility paid while accomplishing our goal of providing excellent care and customer service in a cost-effective manner in today's environment.

Insurance

- If you have an insurance that you want us to file, then you must present your insurance card at the time of your first visit and as asked at any subsequent visits. We will file claims to your insurance carrier and accept payment directly from them. It is your responsibility to keep us informed of any insurance coverage changes, regardless of whether it is primary or secondary. If you inform us incorrectly, and it causes timely filing denial, you will be responsible for any balance due. If you are billed for denial of coverage, it is your responsibility to contact your insurance company regarding the denial, and you are responsible for all costs denied by the insurance if you failed to give us correct or timely information.
- If your insurance company reimburses you, the patient, per their policy, you will need to sign over the insurance check with the EOB or send us equivalent payment.
- We do not determine your copay, your coinsurance, your deductible, and/or what codes your insurance may categorize as surgical. Your insurance company determines what will be your responsibility, if any.
- It is your responsibility to know your own insurance benefits, to know what providers are in your network, and if any procedures need to be pre-certified. We will assist in filing but will not promise to know everything about your individual plan and are not responsible for any unpaid amount as result of deductibles or denials from your insurance company. If you are Tricare Prime, you need to acquire your own authorization from your PCP prior to visit and keep up with how many visits you have left.
- If there is a question of network status or an insurance we do not file (e.g. Medicaid), you will be requested to sign an insurance waiver, make a payment toward your visit at that time if you want to be seen that day.

Payment & Collecting Balances and Collections

- We accept payment via cash, money order, checks, debit cards, credit cards (e.g. Amex, Visa, MC, Discover), or Care Credit.
- We accept payments via mail, in person, via phone, and/or online bill portal.
- If you do not have any insurance and are 'self-pay', then payment is due at time of service. If you do not have your insurance card or we cannot verify as active, you will be required to sign insurance waiver and asked for a prepayment up to \$100.
- Co-payments and outstanding account balances are due at time of service, whether collected at check in or checkout. Any other balance due per insurance company will be due within 2 weeks from receipt of your statement. If your account is in arrears, you will be asked to "clear" your old balance prior to an upcoming appointment.
- We do not do long-term payment plans any longer. Patient balances can be split into two payments at checkout. Financial hardship situations and paperwork should be discussed with Patient Billing department at 912-580-4550 after the first statement to put a credit card on secure file for any approved payment plan and/or future balances.
- Past due balances need to be paid prior to your next appointment. Failure to comply and meet payment arrangement will trigger your account for review for clear/collections. Clear balance is to be paid before your next visit.
- Overdue balances may be reviewed for collections review and if turned over to a collection agency. If you are sent to collection agency, any courtesy credits or collection agency fee may be added back to your balance due. If dismissed from the practice, then you will also have to reapply to be a patient again and pay a reinstatement fee.

Minors (Patients under 18 years old)

- All patient registration forms must be signed and guaranteed by a parent and/or legal guardian; if older than 18, patient signs.
- We are unable to know the financial responsibilities of separated and/or divorced parents. The adult accompanying the patient is responsible for the payment and can make arrangements with other parent at later time.
- Minor consent form is available for completion by parent/guardian for future visits.

Lab and Pathology Services

- Lab and pathology services ordered by our office are billed separately to your insurance by those companies.

NO Show and/or Cancelled Procedure Fee

- If you NO SHOW for an appointment, you are subject to a "No Show" fee of \$35 that will need to be paid prior to next visit.
- If you cancel a procedure, surgical or cosmetic, with less than 24 hours notice, you may be charged a cancellation fee up to \$50 that will need to be paid prior to next appointment.

I have read and I agree to DiPreta Dermatology Financial Policy. Acct#: _____ / Patient Last Name: _____
Patient Signature _____ Date _____ IF other than patient, Relationship to Pt _____