

DERMATOLOGY AFFILIATES, PC

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FINANCIAL POLICY

Thank you for choosing our practice. Our goal is to provide excellent care and superior patient service. Our policies are intended to accomplish that goal in a cost-effective manner. Your agreement to follow these policies will help us serve you.

Payment

- For your convenience we accept cash, personal checks, debit cards, Visa, MasterCard, American Express, and Discover.
- If you do not have insurance, or it cannot be verified, total payment for your visit is due at the time of service.
- Co-payments and outstanding account balances are due at the time of service. Once insurance has processed a claim, bills are sent for outstanding balances; these are due within 15 days of statement date. We are not able to offer payment plans.
- **New patients with commercial insurance, but no co-pay, will be asked to pay a \$75 deposit at check in.** This will either be refunded or applied to your balance after your claim has been processed by your insurance company.
- **Self-pay patients will be asked to pay \$75 at check in.** This fee will be applied to your balance at check out.

Insurance

- To protect against fraud you must present your insurance card at each visit, and we must have a government-issued photo ID on file. If you do not want charges to go to insurance, do not give us any insurance information, and pay in full at visit.
- We will file claims to your insurance carrier and accept payment directly from them. It is your responsibility to keep us informed with up to date insurance coverage and your contact information. If you are billed for denial of coverage it is your responsibility to contact your insurance company regarding the denial. Patients are fully responsible for all costs denied by their insurance.
- It is your responsibility to know your insurance benefits and to know that the physician you are seeing participates in your plan PRIOR to services being rendered. We are not responsible for unpaid amounts as a result of deductibles or denials from your insurance company. We can never guarantee insurance coverage for any service provided. You are responsible for charges denied by your insurance company as not medically necessary (skin tag removal is often denied for this reason). **WE CANNOT SUBMIT CLAIMS WITH PREVENTATIVE CODES.** Regardless of what you are told by your insurance company, we cannot file a preventative code for any office visit.
- Generally, insurance plans classify dermatology procedures as surgery. Many insurance plans apply procedures to a deductible, so some or all charges may be your responsibility.
- If your plan requires a referral or prior authorization, it is your responsibility to obtain this prior to your visit.

Labs

- Laboratory tests ordered through our office are billed separately to your insurance from the laboratory. The cost of administration of those tests will be billed by our office.
- If your insurance requires that tests be sent to a specific lab, it is your responsibility to tell the nurse, not the front desk, at the time the test is ordered. We will not pay for any lab charges.

Cosmetic and Elective Services

- Full payment is required at the time of service. Cosmetic and elective procedures may require a deposit or payment in full to hold the appointment. Please be aware that a missed appointment can result in loss of some or all of your deposit.

Patients Under 18 Years Old

- The patient registration form must be signed and guaranteed by the parent or legal guardian accompanying the minor at the first appointment. That guarantor is legally responsible for payment.
- We are unable to know the financial responsibilities of divorced parents. The adult accompanying the minor is responsible for payment of the patient portion due at the time of service.
- When a minor becomes 18, s/he will sign this form and may designate parental rights for information and payments.

Fees

- Missed appointment/ Cancellation fee: A \$50 fee will be due for any appointment missed or cancelled without 24 hours notice. Failure to pay this will result in closure of your file and dismissal from the practice.
- Returned check fee: A \$25 fee will be due for any check returned from the bank for non-payment.

Collections

- Balances are due within 15 days of statement date.
- Past due balances may result in dismissal from the practice. Your debt will be sent to a collection agency. A \$150 reinstatement fee and all collection costs must be paid to return to the practice.