

## MITCHELL DERMATOLOGY FINANCIAL POLICY

***Thank you for choosing Mitchell Dermatology for your dermatologic needs. We value your patronage. Please review and sign our Financial Policy.***

***Proof of Insurance*** ~ All patients must complete our patient information forms before seeing the doctor. We must obtain a copy of your driver license and current valid insurance card. If you fail to provide us with the correct insurance information in a timely manner, or do not have an up to date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions regarding your coverage.

***Claim Submission*** ~ We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. The balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; ***we are not party to that contract.***

***Not Contracted*** ~ If you have a primary insurance that we are NOT contracted with, the total cost of the visit is your responsibility and due at the time of service. If you have a secondary insurance, we will submit ONE claim. If payment is made by either insurance company, you will get the reimbursement from our office in the form of a check. We do not accept secondary assignment of benefits.

***Contracted*** ~ If you have a primary insurance that we are contracted with, you are responsible for any copay, co-insurance or deductible at the time of service. This arrangement is part of ***YOUR*** contract with ***YOUR*** insurance company. Failure on our part to collect copays and deductibles from patients is considered fraud. Please help us in upholding the law by paying your copays. If there is a balance remaining after the primary insurance has paid, we will submit ONE claim to your secondary insurance. You are responsible for payment of any office visits or procedures for which your company denies payment. We do not submit to the secondary insurance company for reimbursement of your copay. We do not accept secondary assignment of benefits. You are responsible for the patient's portion that is stated on the primary explanation of benefits.

***Tertiary insurance*** ~ We do NOT accept or bill third party insurance policies.

***Responsible Party*** ~ We realize that many families are in a state of change. Divorced, separated, single parents and blended families are now common. In many of those families, the question of who is financially responsible for the child's care can be complicated. The policy in this office is that the parent/guardian, who is present with the minor requesting treatment, is responsible for payment at the time of service.

***Statements*** ~ Any unanticipated copays or deductibles must be paid upon receipt of the first statement. ***Failure to do so will trigger a 1.5% service fee for the additional statement sent.*** Any balance outstanding for more than 60 days after the balance has been transferred to you will be sent to collections. Fees associated with the collection process will be added to your balance. Partial payments will not be accepted unless otherwise negotiated. If a balance remains unpaid, you and your immediate family members may also be discharged from the practice.

**Forms of Payment** ~ For your convenience, we accept cash, check, Mastercard, Visa, American Express, Discover and Debit Cards. A **\$30.00 service fee** will be assessed for each returned check to cover the corresponding bank charges. Payment of the returned check and service fee must be made in the form of cash, money order or credit card.

**Cosmetic Services** ~ Services that your insurance company determines are not medically necessary will require full payment at the time of service. Examples of such services are Botox treatment, microdermabrasion, chemical peels, sclerotherapy and removal of skin tags, normal moles or benign keratoses.

**Missed Appointments** ~ Please call and cancel at least 2 business days before your appointment to help us accommodate other patients. Missed appointments can lead to a \$20.00 service charge and discharge from the practice.

**Medical Record Release** ~ A service fee may be assessed for copying medical records. A release of information form must be signed.

**Disability Forms** ~ A \$5.00 service fee will be assessed for each form that requires completion. The fee will be payable at the time the form is presented. You will be notified when the form has been completed so you may arrange to pick it up. These forms will not be mailed.

**Referrals** ~ It is your responsibility to obtain a referral, if one is required, from your primary care physician. Please check with your insurance company to find out if a referral is necessary.

**Coverage Changes** ~ If your insurance changes, please present your new card before your appointment so we can make the appropriate changes to help you receive your maximum benefits.

**Thank you for thoroughly reading and understanding our Financial Policy. Your signature below indicates that you have read, understand and agree to this Financial Policy.**

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PATIENT OR RESPONSIBLE PARTY SIGNATURE & TITLE

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DATE

**PLEASE PRINT PATIENT NAME HERE:**

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