



FINANCIAL POLICY

The following information outlines the financial policy of High Valley Dermatology & Dermatologic Surgery PLLC. **All patients and/or beneficiaries must read and understand all sections before being seen by any provider.**

We have instituted the following financial policies. These policies allow us to avoid passing increased operational costs on to you, our patient. Please familiarize yourself with our policy.

1. The ultimate responsibility for your medical bill incurred at our practice lies with you, our patient, not your insurance or third party payer.
2. We understand that you may need to cancel or reschedule an appointment. If you are unable to keep your appointment, please notify our office as soon as possible. This will help us shorten the waiting period for our patients. Any patient that misses an appointment without 24 hours notice of cancellation will be charged \$30.
3. If you do not have insurance, payment is due at the time of service. We accept all major credit cards.
4. If you have insurance coverage, co-pays, deductibles and co-insurance are due at the time service is rendered. If you do not present insurance cards at your appointment, payment is due in full at the time of service. If incorrect insurance information is presented at your appointment, a \$10 resubmit fee will be added to your account to rebill the correct insurance.
5. If you do not pay your co-pay at the time of service, a \$10 statement fee will be added to your account.
6. All **Medicaid** recipients must present their Medicaid card at the time of service. Any Medicaid recipient who has a Healthy Connections provider must see that provider first and must obtain a Healthy Connections referral before being seen by High Valley Dermatology. Patients that do not have a referral will be considered to have no insurance and will be responsible for payment in full at the time of service.
7. Payment arrangement will not be made for cosmetic services. Payment in full is required at each visit. If payment is not made at the time of service for cosmetic services, the price of the service doubles. (Ex. \$50 cosmetic services becomes \$100)

For those who have made financial arrangements, monthly payments are required to keep an account current regardless of insurance coverage. **All accounts 60 days past due will be assessed a minimum Finance Charge of \$5.00 or 1.5% per month (18% APR), whichever is higher.** A \$30 charge will be added to accounts for returned checks.

ANY ACCOUNT TURNED OVER FOR COLLECTIONS WILL BE ASSESSED A 35% - 50% RECOVERY FEE.

As a courtesy to you, we will bill your primary and secondary insurance carriers only. If you have a third insurance, you need to submit any and all claims to them. Our physicians are contracted with Medicare, Medicaid, Blue Cross, Blue Shield, IPN, First Health, Aetna, United Healthcare and many other insurance companies. *It is ultimately your responsibility to make sure we are a participating provider for your insurance company and to give correct and updated insurance information at each visit. Incorrect insurance information given will result in a \$10 resubmit fee.*

Please feel free to discuss any questions or concerns you may have with the billing staff. We will be happy to assist you and if necessary, assist in making payment arrangements.

This financial policy will be enforced if the patient is seen by our healthcare provider. Disagreeing with the policy does not change the policy.

Signature

Print Name

Date