

## Financial Policies

Thank you for choosing North Carolina Dermatology Associates. We are committed to providing outstanding patient care to you and your family members. Before we provide medical services, we require that you review our financial policies and agree in writing to accept them.

### **Payment Required at Time of Service**

Payment is required at the time of service. This policy applies to applicable and estimated co-insurance and co-payments under your health insurance policy, provided we are in-network with your plan. If you do not have health insurance, we require full payment at the time of service. We require full payment for all non-covered services, including cosmetic services, at the time of service.

We accept cash, personal checks, Care Credit, Discover, VISA, and MasterCard. We do not accept post-dated checks. There is a \$25 charge for returned checks.

### **Policy for Handling Insurance**

Our office participates with many health insurance plans. These are listed on our Web site, [www.ncdaskin.com](http://www.ncdaskin.com). Because each plan is different, we may not have all the details of your insurance benefits. Some of your questions are best answered by a representative of your insurance company. If we are a network provider for your insurance plan, we will submit the claim on your behalf.

When you come for your visit, please bring with you a current insurance ID card. If we don't have current insurance information, we automatically consider you a self-pay patient. After we have accurate information on your insurance eligibility and coverage, we will file a claim with your insurance company. In some cases, your insurance company may not cover the medical services that we provide or may determine that some of the services are not medically necessary. If either of these two cases arises, you are financially responsible for care that you receive.

If we are a participating provider with your insurance plan, both co-payments and estimated co-insurance are due at the time of service. If we are not a participating provider, you are responsible for paying the out-of-network rates at the time of service.

### **Multiple Procedures During One Visit**

If you are here for multiple procedures, the physician will determine whether or not to perform all these procedures during the same office visit or to schedule them at a future date. We cannot guarantee multiple procedures on the same day of service. Your insurance company may have one co-payment for the office visit and a second co-payment for a procedure. In addition, if we provide a non-covered service (i.e. cosmetic procedures) during the same visit as a medical dermatology encounter, then you will have two separate charges.

### **If the Patient is a Minor**

An adult parent or guardian accompanying the minor is responsible for the payment of the patient's account regardless of who holds the insurance policy. Unaccompanied minors can be denied non-emergency treatment until a parent or guardian is present or until such time as we receive written permission for the treatment and payment of the account. Unaccompanied minors must provide all co-pays and other payments on day of service.

We require that all minors be accompanied by a parent or legal guardian for the initial visit. Following that first visit, we will see minors without a parent for two subsequent visits if the parent or legal guardian has provided written permission. ***If the minor is on Accutane, we require that a parent or legal guardian be present at every visit. We do not make exceptions to this policy.***

### **Refunds**

If an overpayment is made on your account, we will process refunds no later than the 15<sup>th</sup> of the month following the month in which we received the overpayment. If your treatment is ongoing, at your request, we will apply the overpayment to any future balances.

### **Collection Agency**

Patients with an outstanding balance of more than sixty (60) days old must make arrangements for payment prior to scheduling future appointments. If payment arrangements are not made and the account is more than ninety (90) days delinquent, the account may be turned over to a collection agency. Once the collection agency has your account, you are required to pay the agency directly.

### **Missed Appointments/Late Cancellations**

We make every effort to be on time for your appointment, and we ask that you extend the same courtesy to our practice and to other patients. If you need to cancel an appointment, please notify our office no less than 48 hours ahead of time so we can reschedule your appointment. If you are unexpectedly delayed, please give us a call so we can make arrangements for you to come at a later time or on a different day. If you fail to keep more than two appointments, we will bill you \$25 for a missed office visit or \$50 for a missed procedure visit.

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**If you need to make special payment arrangements, please let us know prior to your examination. We will accommodate your needs to the best of our ability.**

**I UNDERSTAND AND AGREE TO THESE POLICIES.**

\_\_\_\_\_  
Signature of Patient (or Parent/Guardian)

\_\_\_\_\_  
Date