



MODERN DERMATOLOGY
WESTPORT, CT

tel (203) 635-0770 | *fax* (203) 635-0771
www.ModernDermCT.com
info@moderndermct.com

FINANCIAL/OFFICE POLICIES

Please remember that your health insurance is a contract between you, the patient, and your insurance company. It is YOUR responsibility to know your health plan benefits, including co-payment amounts, deductibles, co-insurance, required referrals, and lab contracts. As a service to you, we will submit a claim to your insurance company for all medical visit charges, but we do not share in the contract between you and your insurance company. A copy of your photo ID and insurance card (front and back) is required by our billing department to assist you in filing your claim.

It is the patient's responsibility to inform this office if your insurance requires pre-certification or pre-authorization of services prior to scheduling of such services. The patient will be responsible for services denied by insurance due to "No Eligibility," "Non-Covered Service," or "Pre-authorization/Certification Not Obtained." By signing this agreement, you understand that once your insurance plan has paid their portion for your care, you will receive an Explanation of Benefits (EOB) from your insurance company. The EOB will explain the source of any balance remaining that needs to be paid by yourself, the patient. Statements are released after our billing company receives any of the following: an insurance payment, an insurance denial, or an insurance non-payment for any reason. You are responsible for any charges not covered by your insurance plan. Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service.

Referrals: Your insurance plan may require a referral to be submitted by your primary care physician before seeing a specialist (dermatology is a medical specialty). It is your responsibility to obtain any necessary referrals for your insurance plan to accept a claim for the visit. If you don't have a referral at your appointment time, your appointment will need to be rescheduled, and you will be charged a missed appointment fee of \$50. If a claim is denied due to lack of having this required referral, you (the patient) will be responsible for full payment of the office visit.

In Network Coverage: For insurance companies that we are contracted with, we will estimate your out of pocket expenses due at the time of the visit. Co-payments, co-insurance, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due at the time of service.

Medicare Patients: We will bill Medicare for you. We must have your signature on file and we will also bill secondary insurance carriers for you. All co-payments are due at the time of service. The patient will be responsible for any balance not paid by Medicare and secondary insurance.

Out of Network Coverage: For these plans, your co-payment is due at the time of the visit. You are responsible for the charges of the provided services, which may be higher than the similar services for an in-network provider. Co-payments, co-insurance, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due at the time of service. You may opt to be a Self-Pay patient and submit your bill for reimbursement to your insurance company.

Out of pocket expenses: Co-payments, co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due at the time of service. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to the insured; you the patient.

Self-Pay Patients: Self-Pay or uninsured patients are responsible for payment at the time of service. The fee schedule is based on the established Medicare fee schedule in place. Self pay patients must keep a credit card on file.

Non-Covered Services: Cosmetic and aesthetician services cannot be submitted to insurance, and payment in full is due at the time of service by credit card, check, or cash.

Outstanding balances: Our billing company will send you a statement explaining your balance due. Payment is expected within 30 days of receipt of the statement. It is the patient's responsibility to assure an up to date address is on file. If payment is not received after receiving 3 statements for the same unpaid balance, the account will be transferred to a collection agency and will be flagged as delinquent in the office. This will impede your ability to schedule future non-essential appointments until all balances are paid in full. We will have the option to require a deposit for future scheduled appointments for those patients with a delinquent account history. Failure to pay balances due can result in dismissal from the practice.

Returned Check Fee: All returned checks will be charged a \$30 processing fee.

Pathology/Laboratory Services: Modern Dermatology, P.C. uses third parties for our laboratory work and pathology services. You/your insurance will receive an additional bill from the lab service provider (Yale, New England Dermatopathology, Quest, LabCorp etc.). We are unable to adjust these charges as they are coded and billed by a separate entity.

MOHS procedures: patients will sign a secondary financial consent form specific for these procedures.

Missed & Cancelled Medical Appointments:

- Please provide at least one business day notice to cancel a medical appointment. We do this so your appointment slot can be offered to another patient in need of attention. You will be charged a \$50 fee if you fail to keep your appointment or cancel/reschedule with less than 1 business days' notice.
- Surgery & Cosmetic appointments: Cosmetic patients must maintain a credit card on file. We require at least 2 business days' notice to cancel or reschedule an appointment. If you fail to keep your surgery or cosmetic appointment, your credit card will be charged a \$100 fee.
- For larger procedures, 50% of the estimated fee will be collected as a deposit at the time of scheduling, and this deposit will be forfeited if the appointment is cancelled or rescheduled with less than 2 business days notification.
- After TWO missed appointments in a row or same day cancellations, you may be dismissed from the practice.

Cosmetic Consultations: The cosmetic consultation has a fee of \$100 plus tax. The base cost of \$100 will be reduced from the cost of any cosmetic procedure or treatment scheduled within 90 days of the consultation. A credit card on file is required and will be charged a cancellation fee of \$100 if the consultation is rescheduled or cancelled without 2 business days notification.

Cosmetic packages: We offer packages on several cosmetic treatments as a way of cost savings to our patients. The full cost of the package is to be paid in full at the first session. Packages are non-transferable to any other person. If a patient opts to terminate the package prior to completion, the treatment(s) received will be charged the full cost per treatment (not the discounted package cost), and the patient will be refunded the remaining amount. Refunds can only be requested within 6 months of the first treatment. Packages must be completed within 12 months of purchase.

Prescription Policy: Please call for refills during regular office hours and leave the patient's name, DOB, phone number, medication and the pharmacy requested. Please allow 48 business hours to complete the request. Some prescriptions may be delayed due to completing a Prior Authorization form set forth by the insurance companies. For oral medications, biologics, and some topical medications, the patient needs to be evaluated every 6 months. We cannot refill a prescription if the patient has not been evaluated within 12 months.

I have read and understand the Financial/Credit Card on File/Office Policies of Modern Dermatology, P.C.

Patient or Legal Guardian

Date

Printed Name of Patient