

Patient Financial Policy

We are committed to providing you and your family with the best and most efficient care possible. In order to achieve this, we ask for your cooperation with our payment policy.

General Payment Information:

Your co-payment, deductible, coinsurance, or payment in full is due at the time of service when you check-in. We accept cash, check, MasterCard, Visa, Discover and CareCredit (pre-approval required). You may apply at <https://www.carecredit.com/apply>.

There is a non-refundable \$15 service fee for co-pays not paid at the time of the visit.

A personal credit card is required to be kept securely on file. Your card will be charged for the remaining 'Patient Responsibility' amount when we receive the insurance Explanation of Benefits (EOB). Most electronically submitted claims are processed within 15 days. Any over payments will be refunded. Your card will also be charged for any uncovered or full pay fees incurred during the visit. (e.g. procedures)

You may request a courtesy call before the card is charged. At this time, a card on file is encouraged but not required for patients with traditional (non-replacement plan) Medicare coverage, most state insurance plans and Martin's Point. This is subject to change.

Insurance Information:

Your health coverage is a contract between you and your insurance company and our staff will not know the specific terms of the policy. Please contact your plan prior to the visit to confirm your physician network, benefits and cost-sharing obligations.

It is your responsibility to provide us with an accurate referral. This referral must be from the PCP on file with your insurance company. If the referral is not received or if it is incorrect, your visit must be rescheduled or you will be financially responsible.

It is your responsibility to notify us of insurance changes. Please bring your active insurance card and photo ID to each visit. A copy will be kept on file. As a courtesy, we will file a claim on your behalf once per visit if we are in-network for your plan(s).

You will receive a separate charge from Massachusetts General Physicians Organization Dermatopathology Associates if a biopsy is done. Destruction procedures (e.g. freezing, ED&C) must be billed as surgical procedures. The removal of benign lesions will incur a separate cosmetic charge. (e.g. skin tags (irritated or not), milia cysts, seborrheic keratoses, angiomas, sun spots or liver spots)

You are responsible for any balance deemed "Patient Responsibility" by your insurance company. Some, and perhaps all, of the services provided may be denied as unauthorized, or classified as non-covered services and not considered reasonable or medically necessary by Medicare and/or other health insurances. You are also responsible for these balances.

Do you have a Commercial health plan with cost sharing such as a deductible or coinsurance? Health Savings Account or Health Reimbursement Account?

Our staff will attempt to confirm your deductible balance, and we encourage you to do so too. In the event there is a remaining deductible balance or the information is unavailable or conflicting, the following **estimated payments** are due at the time of service:

- \$175 office visit (new patient)
- \$150 office visit (established patient)
- \$175 for a biopsy (1st biopsy, additional biopsies charged after insurance processes)
- \$225 per shave removal
- \$175 for liquid nitrogen (1st lesion, additional lesions charged after insurance processes)
- \$150 per phototherapy UVB (light box) visit
- \$800 per Blu-U photodynamic treatment (1 medication vial)
- \$410 per additional Blu-U medication vial
- Surgical procedures will be estimated in advance by our Surgical Scheduler.

Payment Arrangements:

Outstanding balances and new charges < \$200 are due in full at the time of service. In order to book another appointment, balances > \$200 must be paid in full or settled using a three (3) month payment plan via auto-draft credit card, e-check or CareCredit financing. Additional terms and conditions apply. We do not offer payment plans using cash or a mailed check.

'Returned' checks will result in a \$25 charge. Any unpaid account balances will be sent to collections. You are responsible for any collections costs. We may notify your health plan and discharge you from the practice for non-payment of services.

Full Pay:

Patients requesting cosmetic procedures or those without health insurance are expected to pay in full at the time of service. The cost of a routine medical office visit is \$275. Procedures are additional. All prices are subject to change.

Minors:

The parent/guardian accompanying a minor is responsible for payment at the time of service and account balances. Some, and perhaps all, of the services provided may be denied as unauthorized, or classified as non-covered services and not considered reasonable or medically necessary by Medicare and/or other health insurances. The parent/guardian is also responsible for these balances.

Unaccompanied minors (16-17 yr. olds) may not be seen without a parent present unless we have written parental consent. Non-urgent care will be denied unless payment is made at the time of service.

Appointment Cancellation:

We ask that you notify us 24 hours in advance if you need to cancel or reschedule your medical appointment and 72 hours for your surgical appointment so that we may offer the time to another patient. The 'No Show' charge for uncancelled appointments is \$25 for medical visits and \$150 for surgery visits. Surgical visits may be subject to a \$150 late cancellation fee if we do not receive 72 hours advance notice.

By signing, I have read and understood the Financial Policy. The information I provide is true and accurate. I understand that I must abide by these terms to receive my care at Seacoast Dermatology, PLLC.