



ASSOCIATED DERMATOLOGISTS

West Bloomfield | Commerce | Novi

Ronald D. Kerwin, M.D. | Michael A. Dorman, M.D., F.A.A.D. | Leonard M. Cetner, M.D., F.A.A.D.
Suzanne R. Merkle, M.D., F.A.A.D. | Aaron S. Cetner, M.D., F.A.A.D. | Leonard Y. Kerwin, M.D., F.A.A.D.
Stacy Madany, PA-C | Maria Ammori, PA-C | Jessica Tacconelli, PA-C | Jennifer Ward, PA-C
Estheticians: Jennifer Szakal | Andrea Budisak | Alex Shepherd | Lauren Hickman | Monique Misho

OFFICE FINANCIAL POLICY

We would like to have open communication with our patients by informing them of our policies. We feel that this provides a positive physician-patient relationship and we strive for this in our practice. Please read carefully below regarding our billing and insurance policies and if you have any questions, do not hesitate to call. Our billing department is open from 8am-4pm Monday through Thursday and we make every effort to assist you in reconciling your billing issues. Please call the main office number, choose option 4 and leave a detailed voicemail message with your name and the account number on your bill. Be advised your phone call should be returned to you in 24-48 business hours.

1. Upon arrival, please sign in at the front desk and present your current insurance card and photo ID. This is the verification of the correct insurance and consent to bill them on your behalf. IF THE INSURANCE COMPANY THAT YOU DESIGNATE IS INCORRECT, YOU COULD BE RESPONSIBLE FOR PAYMENT OF THE VISIT AND TO SUBMIT THE CHARGES TO THE CORRECT PLAN.
2. According to your insurance plan, you are responsible for any and all co-payments, deductibles and co-insurances
3. It is your responsibility to understand your benefit plan. It is your responsibility to know if a written referral or Prior authorization is required to see a specialist (Dermatologists are specialists) or have a specific treatment or procedure.
4. If our physicians do not participate in your insurance plan, payment in full is expected from you at the time of your office visit. For scheduled appointments, prior balances must be paid before you are seen for your visit.
5. If you have no insurance, payment for an office visit is to be paid at the time of the visit.
6. Patient balances are billed immediately on receipt of your insurance plan's explanation of benefits. Your remittance is due within 20 business days of your receipt of your bill.
7. Any balance over 90 days will be forwarded to our Collections Department and you will be charged an additional fee, which is 30% of the balance.
8. A fee will be charged for missed or cancelled appointments without 24 hours notice at the discretion of the practice. You will be informed when you make your appointment of the policy and cost if this occurs.
9. A \$35 fee will be charged for any check returned for insufficient funds, plus any bank fees incurred.
10. Advance notice is needed for all referrals. Please contact your primary care physician which typically takes 3 to 5 business days. It is your responsibility to know if the physician you will be seeing in this practice participates with your plan. Your primary care physician must approve your request before issuing a referral. If you choose to see the physician here without a referral you will be responsible for the total cost of the visit including any cost for lab work, biopsies etc that are performed without a referral from your doctor. You may also reschedule.
11. Not all services provided by our office are covered by every plan. Any service determined not to be a covered benefit or medically necessary by your plan will be your responsibility.
12. A \$30 late fee will be charged for all balances >90 days past due.

I have read and understand this office financial policy and agree to comply and accept the responsibility for any payment that becomes due as outlined previously.

X _____ Date _____

Patient Name: _____ Pt Acct: _____

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