

Integrated Dermatology of Sanford, PLLC

FINANCIAL POLICY

Patient Name: _____ DOB: ____/____/____

If you are covered by an insurance company with which we are contracted (participating provider), we will bill your insurance company for all covered charges. We will only file your first two insurances. If you have a third coverage it is your responsibility to file and pay any amount due on your account. Insurance companies we are contracted with included, but are not limited to; Medicare - government and individual policies, Medicaid - under the age of 15/with referral, Cigna, United Healthcare, BCBS, Aetna, TriCare - Standard, Prime (with referral) and TriCare for life. If you are a VA, TriCare or Medicare patient, it is required, for billing purposes, to provide our facility with your or your sponsors full SSN. Failure to do so will result in non-payment from your insurance company. If this information is not given you will be considered self-pay.

Please be sure to confirm that we are under your insurance before coming in. If we are not contracted with your insurance company, you will be considered self-pay. In the event that you, as the patient, and we, as the physician, are not aware of a charge that is not covered by your plan(s) you will be billed for the remaining balance once we obtain a denial from your insurance company.

Unpaid charges billed to your insurance will appear on your statement indicating they are pending a response from the insurance company. If a charge has been pending with your insurance for over 60 days please contact your insurance company. If the charge remains unpaid it may become your financial responsibility.

Beginning on July 1, 2019 if you no show an appointment you will be billed a \$25 no show fee. This fee must be paid *prior* to scheduling again. To remain in good standing with our clinic, we request 1 business day notice for cancellations and rescheduling any new patient appointments, return appointments, nurse visits, surgical or cosmetic procedures.

If your health insurance requires an authorization or referral it is your responsibility to ensure it is obtained before services are received. You are also responsible for the renewal of any old or out dated authorizations/referrals.

Payments for amounts due must be paid at the time of service. Examples of amounts due include: deductibles, co-payments, co-insurance, services not covered by your insurance company, cosmetic procedures and amounts for self-pay patients. If you are unable to pay the amount due in full it is your responsibility to contact us to discuss making other payment arrangements before being seen.

All payments can be made by cash, check, money order, Visa, MasterCard, Discover or American Express.

Failure to pay a balance due in a timely fashion may result in your inability to receive services from Integrated Dermatology of Sanford, PLLC until the account is paid in full or payment arrangements have been made.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred at Integrated Dermatology of Sanford, PLLC.

Please note that you will receive bills and correspondence from our corporate partner, Integrated Dermatology Group, Boca Raton Florida.

_____/____/____
Patient or guardian signature Date