

4630 N. Loop 1604 W., Suite 316

San Antonio, TX 78249 Phone: 210-496-9929 Fax: 210-496-6699

### **OFFICE & FINANCIAL POLICIES**

Thank you for choosing Limmer Dermatology for your skin care needs! We are committed to providing you the highest quality of care, in an efficient and cost effective manner. The following information is provided to you so that we can serve you better.

# **Financial Policy**

# Financial Responsibility

- You are responsible for co-payments, deductibles, coinsurance amounts, non-covered services, or any
  other patient responsibilities indicated by your insurance carrier or our financial policies.
- Co-payments, deductibles, coinsurance, or fees for non-covered services are due at the time of service.
- In order to ensure benefit coverage for any services rendered, you must provide a valid proof of identity and insurance cards at each visit.
- If we are not contracted with your insurance company, you will be asked to pay in full at the time of visit and will be given a receipt to use if you wish to file the claim with your insurance company.
- It is the patient's responsibility to know their insurance benefit coverage. If your insurance verification and benefits cannot be determined prior to the visit, payment will be requested at the time of service. Insurance eligibility and benefits provided by your insurance company are only an estimate and not guarantee of payment by the insurer.
- If your plan requires a referral, you must obtain it prior to your visit. If we do not receive the referral before your scheduled appointment we will reschedule your appointment.
- Past due accounts may be turned over to collections. We accept cash, checks, Visa, and Mastercard. There will be a \$35.00 fee for all returned checks.

# Medicare

We are Medicare participating providers; therefore we will bill Medicare directly. You will be
responsible at the time of service for payment of the copayments, annual deductibles, and charges for
non-covered service.

Your signature below authorizes the release of any medical information necessary to process an insurance claim on your behalf. Your signature below also authorizes your insurance carrier(s) to make payment directly to Limmer Dermatology for services rendered to you.

(Print Name) Patient or Responsible Party (Signature) (Date)



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## Office Policies

### **Appointment Policy**

Please arrive for your appointment at least 15-minutes prior to your scheduled time so that paperwork may be completed
before you are scheduled to see the doctor. You will be asked to submit your insurance cards and identification each visit.
On follow up visits you will be asked to verify demographic information and insurance information so that our records will
remain up to date. Please provide us with any changes or updates regarding your insurance, address, phone numbers, as soon
as possible.

# Cancellations & Missed Appointments

- Should you need to cancel or reschedule an appointment please contact our office as soon as possible, and no later than 24 hours prior to your scheduled appointment. This gives us time to schedule other patients who may be waiting for an appointment. Failure to do so may result in a missed appointment fee, which is not covered by insurance. The missed appointment fees are as follows:
  - Medical Appointment-\$50.00
  - Surgery/Cosmetic Appointment-A minimum of \$100.00. Higher fees may apply to certain procedures including but not limited to, dermal filler, Kybella, sclerotherapy, and Ultherapy.
- Repeated missed appointments may result in our asking you to find another dermatologist for your care.

#### Late Arrivals

When a patient arrives late it is impossible to stay on schedule. If you arrive late you may be rescheduled so that other
patients are not inconvenienced.

#### **Medication Refills**

Please have your pharmacy fax a request to 210-496-6699. We will respond within 2 business days.

# Lab & Pathology Results

- All lab fees are separate from our services. We use laboratories that are in network for the majority of our patients.
   However, it is the patient's responsibility to know their benefits and inform us of the correct lab. If you have any questions regarding your bill for pathology/lab services please contact the laboratory.
- Most test results are received in 1-2 weeks. Please contact our office if you do not hear from us.

### **Skin Care Products**

• If you purchase skin care products/supplies from our office, please understand that these items are non-refundable and not billable to any insurance(s). If the product is defective, we will gladly replace the item.

## Minors/Legal Guardian

- A parent or legal guardian must accompany a minor for the initial visit.
- The parent or guardian accompanying a minor is responsible for providing information for the minor and for payment in full for the services provided. For return visit, unaccompanied minors must have a written authorization for treatment signed by the parent or guardian before treatment can be rendered.
- Legal guardians of minors, or incompetent adults, must bring legal documentation of guardianship or medical power of attorney in order for us to render services.

#### **Medical Records**

• In accordance with the Texas Medical Board, we will charge a \$25.00 fee for the first 20 pages of medical records requested for release, and 50 cents for each additional page.

### Non-Compliance

We reserve the right to discontinue care for non-compliance with any of the above policies.

### **Email**

- Limmer Dermatology may use your email address to send periodic emails regarding services, monthly specials, and updates from our office.
- Please note we do not correspond with our patient through email because confidentiality cannot be assured.

(Print Name)	Patient or Responsible Party (Signature)	(Date)