

Financial Policy

BILLING AND INSURANCE

- Please present your current health insurance card(s) at each office visit. If you present an incorrect card, you must pay DANC (Dermatology Associates of the North County) for the visit and submit your own claim to the correct plan
- Each patient is responsible for understanding their insurance coverage in relation to covered services and is responsible for providing DANC with the most current insurance information (i.e. Insurance card, Spouse's and Subscriber's information, etc.).
- Our office will bill validated insurances as a courtesy. It is our policy that the patient is ultimately responsible for payment of the rendered service from DANC.
- If you have NO insurance then payment in full is required at the time of service.
- As a courtesy to our patients, we will bill services for both participating and non-participating insurances. If you have not yet met your deductible prior to being seen in our office, you will be required to pay your deductible amount at time of service.
- You may incur additional laboratory and pathology charges from DANC and/or an outside office, depending on services rendered at our office. You will be responsible for a portion or all charges incurred by the dermatopathologist for slide preparation and/or analysis.
- If you have an insurance that has a co-payment, our office policy is to collect this before services are rendered. Also, if there is any change in your insurance carrier, it is your responsibility to inform us prior to your appointment, you will be expected to pay in full if you wish to be seen, or your appointment can be rescheduled.
- We depend on accurate information for emergency contact and billing. If you move or change your telephone number, please inform the front desk so we can update our database.

APPOINTMENTS

- Patients are seen by appointment. For urgent and acute situations, we often schedule "work-in" appointments. Work-in appointments are made to address one acute problem, only so that patients with scheduled appointments are not kept waiting. Except in emergencies, patients with scheduled appointments will be seen before "work-in" patients. We work very hard to keep our appointment schedule. However, because we see emergencies in the office, there will inevitably be delays. We apologize in advance.
- We will call to confirm most appointments 24 hours in advanced. If you are more than 15 minutes late by our clock, you may be asked to reschedule your appointment. Cancellations must be made 24 hours prior to your appointment.
- Cancellations for surgical appointments, including MOHS Surgery, must be made 48 hours prior to your appointment
- Medical appointments are subject to a cancellation fee as follows:
 - \$50.00 Charge for an appointment canceled, rescheduled, or missed with less than 24 hours' notice
 - \$200.00 Charge for Procedure or Consultation Appointment canceled, rescheduled, or missed with less than 24 hours' notice
- Aesthetic appointments are subject to a cancellation fee as follows:
 - \$50.00 Charge for an appointment canceled, rescheduled, or missed with less than 24 hours' notice
- Patients who are not on time for their scheduled appointment may be re-scheduled to a later date and subject to a \$35.00 fee. Only one visit can be billed per day.
- Continued missed appointment may result in you being asked to find another provider.

SOCIAL SECURITY NUMBERS

- We handle patient's social security numbers and personal information in a confidential manner, but we may release personal and medical information to another doctor's office in the event of a referral. We use social security numbers for insurance and billing purposes at DANC. This is required information that we ask from each of our patients.

PHOTOS

- As part of your medical chart, we retain clinical photograph(s) to pair with your chart as well as to document any possible conditions/treatment and your progress.

PAYMENT FOR SERVICES

- Co-pays, co-insurances, deductibles, outstanding balances, and missed appointments must be paid at the time of service; patients may be re-scheduled for non-payment.
- Patient agrees to pay all charges within 30 days of statement date and agrees to assign insurance benefits to DANC, if applicable.
- We accept several different kinds of payment options. We gladly accept cash, check, Visa, MasterCard, Discover, American Express, and CareCredit.
- With our CareCredit option, we offer special financing in certain circumstances. If you are interested in applying for CareCredit, we can do the application process here in our office. It only takes a moment of your time, and we can get your application results within a few minutes.
- If you are 18 years of age or older, we will not bill a parent or guardian, you will be responsible for the amount due at the time of service.
- Simply put, payment of any portion of your bill that you are responsible for "out of pocket" is expected at the time of your appointment.

RETURNED CHECKS

- DANC will charge the patient account \$35.00 for any returned checks. You must pay cash for the returned check fee within 10-day notice. If payment is not received by the due date, we will forward the returned check to the District Attorney's Office.

COLLECTION ACCOUNTS

- When an account remains unpaid after 90 days we maintain the right to refer the account to an outside collection agency. If your account is sent to a collection agency, you may be asked to find another provider.

NON-COVERED SERVICES/COSMETIC PROCEDURES AND SERVICES

- If we provide services to you that are not covered by your health plan, you will be responsible for payment in full for those services at the time the service is performed. Your signature, below, constitutes agreement to pay for such services.

OFFICE POLICIES

- All children under the age of 18 should be accompanied by a parent or guardian. If the parent or guardian is not present, a minor consent form must be signed by a parent or guardian prior to the appointment, or the appointment will be rescheduled. Please do not leave children unattended in the waiting area.
- You may need to contact the office with a question. Most calls may not be returned for up to several hours. Please provide a return phone number that you can be reached at for several hours, or provide additional phone numbers. In an emergency, dial 911 first.
- We are on call 24 hours a day, available only for urgent issues that cannot wait for the office to open the next business day. To contact us, please call the office number.

MEDICAL RECORDS RELEASE AND FORMS

- I understand that if I request a copy of my medical records to be sent to another doctor, I must allow 15 business days for processing from the time I submit a signed authorization. I understand that if I request

my medical records to be released to me, I must pre-pay for records in storage and allow 15 business days for processing from the time I submit a signed authorization. Our fees are \$.10/.20 per page for 8 ½ x 11 and \$24.00 per hour for clerical costs in locating and reproducing records.

GENERAL/MINOR PROCEDURES

- I do hereby authorize the use, and/or administration of such drugs, anesthetics and other treatments, including the performance of a skin biopsy, the use of cryosurgery with liquid nitrogen, and the injection of intralesional kenalog (cortisone), should any of these be deemed advisable, desirable, or necessary for diagnostic, therapeutic, or investigational purposes by Carmelo Plateroti, D.O, Mary Schaff, R.N., .N.P., Rebecca McAlpin, M.S.N., FNP-C, Leah Clarke M.S., PA-C, Diane Powell, R.N., or authorized staff, for me or my minor child.
- I further consent to the examination for diagnostic, investigational purposes, and disposal by authorities of the above named medical facility of any tissue or parts that may be removed.
- I understand that a skin biopsy involves removal of a piece of skin and that such removal may result in a permanent scar or discoloration of the skin at the site of the biopsy. I further understand that more than one biopsy may occur during this visit.
- I understand that the destruction with liquid nitrogen of precancerous lesions, which are also known as actinic keratosis or solar keratosis may be deemed necessary to prevent the risk that these lesions evolve into a skin cancer.
- I understand that the injection of Kenalog (cortisone) for the treatment of scars, cysts, acne, and inflammatory conditions like, psoriasis, atopic dermatitis and alopecia areata, may be deemed necessary, advisable or desirable.
- I understand that the destruction by liquid nitrogen of verrucous lesions (warts) may be advised, but these types of lesions are not cancerous and do not necessarily have to be treated. I recognize that because they may be contagious, they should be treated. If destruction with liquid nitrogen is recommended, I consent based on that advice. **I am aware that these lesions may require more than a single treatment.**
- I understand that any of the above procedures may have some unwanted effects, which include, but are not limited to permanent scarring, permanent discoloration of the skin at the site of treatment, atrophy (thinning or depression of the skin), infection, bleeding, and nerve damage resulting in temporary or permanent numbness.

By signing below, I acknowledge, consent, and understand the Office Financial Agreement and Policies explained above and have read each of the sections on these pages and have received a copy. I hereby authorize any insurance company to pay Dermatology Associates of the North County. A copy of this authorization can be considered an original for insurance purposes.

Patient/Guardian Signature: _____ **Relationship:**
