skincenter

BARRY I. GALITZER, MD, FAAD | SARI M. FIEN, MD, FAAD
GREGORY E. LAKIN, MD | JOHN C. PERROTTO, DO
MARY V. ENDRESON, PA-C

SKIN CENTER FINANCIAL POLICY
(Revised December 2014)

We appreciate the opportunity of providing dermatological services to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment. Managed care has had a dramatic impact on the health care industry. In order to help minimize fee increases, to be as fair as possible to all patients and to our practice, and to reduce confusion and misunderstandings between our patients and the practice we have adopted the following financial policy. If you have any questions about this policy, please discuss them with our front office personnel prior to your appointment.

We have made prior arrangement with many insurers and other health plans to accept assignment of benefits. We will bill those plans for which we have an agreement and will only require you to pay the authorized copayment at the time of service. You will be responsible for all coinsurance and deductible that may apply per your insurance company. We reserve the right to collect any coinsurance and deductible at the time of service.

FULL PAYMENT IS DUE AND EXPECTED AT THE TIME OF SERVICE. For your convenience we will accept cash, check, money order, and all major credit cards.

If you pay by check and it is returned to our office for any reason, the amount of the check will be reinstated to your existing balance, along with a service charge of $30.00 (NO EXCEPTIONS). Payment of these amounts must be made immediately in the form of cash or money order. If the check is not paid within 15 days of being returned to our office, it will be turned over to our collection agency.

Regardless of the contract between you and your insurance company, if your insurance company does not pay the practice within a reasonable length of time, then you will be responsible for payment.

MEDICARE PATIENTS

Our office is required by law to file your Medicare claims for you. We accept assignment on Medicare. This means we have agreed to accept Medicare APPROVED AMOUNTS as full payment. However, Medicare only pays 80% of the approved amount, leaving a 20% COPAYMENT TO BE PAID BY THE PATIENT. A yearly deductible may also be due if the patient has not met this at the time of service. We will file secondary insurance upon the receipt of Medicare payment as a courtesy to you.

Medicare will not pay for a list of services they have deemed not medically necessary. For those services, Medicare requires Skin Center to have you sign a waiver acknowledging that you have been informed that Medicare will not pay, and that you will be solely responsible for payment of that service. Payment is expected at the time of service.

NON-PARTICIPATING INSURANCE PLANS

If our practice does not have a contract with your insurance company, payment is due, in full, at the time of service. We will, however, file a claim as a courtesy to you. We are not allowed to file claims to HMO plans.

COSMETIC APPOINTMENT CANCELLATION

We require 72 hours advance notice to cancel a cosmetic procedure. If the patient fails to provide 72 hours notice, 50% of the procedure fee will be forfeited, if already collected, or charged.

COLLECTION FEES

You agree to reimburse us the fees of any collection agency, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees, we incur in such collection efforts.

FAILURE OF ANY INSURANCE COMPANY TO PAY DOES NOT EXCUSE THE PATIENT'S RESPONSIBILITY. It is the patient's responsibility to know what is not covered. We have over 700 different insurance companies listed in our computer. It is impossible for us to keep up with all of the different policies.

MINOR PATIENTS

A child must be accompanied by a parent or legal guardian to their first appointment. If this adult cannot accompany the child to subsequent appointments, then a written consent from the parent or guardian must accompany the child to each visit. Payment for each visit is due at each visit or prior to the visit if any third party accompanies the child.

SIGNATURE ON FILE

PLEASE READ CAREFULLY AND SIGN

I request that payment of authorized benefits be made either to me or on my behalf to Skin Center for any services furnished to me by that physician / supplier. I authorize any holder of medical information about me to release to CMS and its agents, or any other supplier of medical benefits, any information needed to determine those benefits, or the benefits for related services.

I understand that regardless of any insurance coverage that I may have, it is my responsibility to pay my bill. I further understand that my insurance is designed to reimburse Skin Center for covered expenses. I understand further that not all services are covered by Medicare or other insurance plans and acknowledge that I am responsible and will pay for those services. I agree to pay all costs of collection, including a reasonable attorney's fee, incurred in the collection of any amounts not paid, as required above.