Financial Policy

Dear patient:

OC MedDerm is committed to providing you with the best possible care. Your understanding of our financial policy is important to our professional relationship. Please be advised of the following:

Insurance Billing

Your insurance policy is a contract between you and your insurance company. ***It is your responsibility to know your benefits and how they will apply to your treatment by the doctor***. We are not a party to that contract. If your insurance company has not paid your account in full within 90-days, the balance will be transferred to you and/or the guarantor listed on the Patient Information form. Please be informed that **for every outstanding balance you receive a statement only once**. We appreciate you taking care of it within 30 days. Please understand that all insurances have a time limit for processing claims. If you need clarification for your coverage, you may call your insurance or billing office. After one-hundred twenty (120) days, any and all balances assigned as patient responsibility may be subject to collection efforts. **Initial _____**

Correct insurance information:

You are responsible for providing us with the **correct** and **updated** information about your latest active health insurance, including secondary coverage if it exists. Please make sure you notify us immediately of a change to your health insurance plan or change in insurance status. If we have incorrect insurance information, outstanding balances will be billed to you directly. **Initial _____**

Payment is required at the time of service:

You are responsible for paying deductible, copayment, coinsurance and other out of pocket expenses not covered by your insurance plan at the time of service. If we are not able to verify your insurance coverage, you will be asked for payment. We accept cash and most major credit/debit cards. Patients without health insurance coverage are required to pay for the provided service at the time of the visit.

Legal Guardian/Conservator:

The patient's legal guardian (if a minor) or conservator (if an incapable adult) is responsible for the payment of all treatment and procedure not covered by insurance plan.

Missed appointment:

Please give us the courtesy of 24-hour advanced notice to reschedule your appointment. Any missed appointment(s) without advanced notice may be subject to a $50.00 charge per occurrence and the patient may be discharged from the practice.

Administrative Fees:

Patients may incur and are responsible for the payment of additional charges at the discretion of Administrative Resources. The charges may include but are not limited to (subject to change at any time):

- Returned check **$ 35**
- Patient's medical record copy $35 (Cost of S&H will be added if applicable)
- Complete forms, including but not limited to disability or FMLA forms**,** $35.
- Extending disability OR DMV forms, $25.

Please allow 7 business days to process and complete these forms. The completed forms will not be mailed or returned until the above fees are paid.

Virtual Visit:

For phone consultation or virtual visits that require diagnosis, treatment, and prescription, you will be charged for your copayment, deductible, coinsurance, or out of pocket if you do not have coverage by a health plan.

Skin Surgery associated cost

For any skin surgeries or procedures performed at our office, we charge only for professional services. There will be no facility fee or anesthesia charge associated with our surgeries. Please be aware that most of the insurance plans have a separate i.e. additional deductible for procedures different than office visit coverage. Prior to the procedure, we will verify your insurance. If any deductible, copay, or coinsurance is applicable, it will be rendered at the time of the procedure.

Verified eligibility does not guarantee the payment by your health plan

You have to understand that you are ultimately responsible for the payments for services rendered to you. We will be more than happy to let you know what we discovered about your coverage, but please do not hold us accountable for it since the information acquired from your insurance does not guarantee the payment. We highly advise you to call your insurance and be informed about your insurance coverage for procedures prior to scheduling your surgery with us.

Attestation:

I hereby attest that the insurance information I have provided is accurate; that I am an eligible member; and that I understand that I am responsible for knowing my benefits/coverage. I will be financially responsible for all charges that are not covered by my insurance company.

Signature: _____ Date: _____
Patient or patient legal Guardian/ Conservator Name: _____

Waiver of Authorization: I do not wish to have information released and prefer to pay at the time of service and /or to be fully responsible for payments of all charges and/or to submit claims only to the insurance plan at my discretion.

Signature: _____ Date: _____
Patient or patient legal Guardian/ Conservator Name: _____