

Dermatology Clinic of Muncie LLC., (DBA. DCM Skin Solutions) Financial Policy

Thank you for allowing Dermatology Clinic of Muncie to be your healthcare provider. Dermatology Clinic of Muncie is committed to the success of your medical treatment and care. Our practice will work with you to help fulfill your payment responsibility. We will file your primary and secondary medical claims for you. It is important that you provide us with current and accurate insurance at the time of your appointment. We will scan a copy of your insurance cards at the time of your visit. If you fail to provide insurance information, you will be considered **Self Pay** and will be required to make payment at the time of service. It is important for you to understand that you have the contract with your insurance carrier to expedite the reimbursement process. **As the patient, you are responsible for any unpaid balance not contractually covered by your insurance.** You have final responsibility for payment for services provided.

Privacy Policy: As required by law, Dermatology Clinic of Muncie maintains a privacy policy dedicated to the protection of our patient's medical information.

Medicare: Dermatology Clinic of Muncie is a participating Medicare provider, accepting assignment for Medicare Part B (Physician Services) claims. The patient is financially responsible for their co-insurance, deductibles and any services rendered that are not covered by Medicare.

Managed Care Plans: In order to see a specialist, some insurance plans require a referral from the Primary Care Physician (PCP) or pre-certification before treatment can be rendered. It is the patient's responsibility to ensure we have this referral or pre-certification **prior** to the visit. If we do not receive the necessary referral or pre-certification, the patient will be responsible for the payment, or will need to reschedule their appointment. **All copays are due at the time of service.**

Commercial Plans: Dermatology Clinic of Muncie has established fees that are usual and customary to this healthcare service area. Every insurance carrier has their own usual and customary fee schedule; however the patient is responsible for payment regardless of the insurance carrier's arbitrary determination of rates. **All copays are due at the time of service.**

Non-Covered Services: Some services that we provide may be deemed not medically necessary by your insurance carrier or not a covered benefit by your specific policy, therefore, not paid by your insurance. Many cosmetic procedures that we provide are not covered by insurance. The patient is responsible for payment at the time of service for all services not covered by insurance.

Pathology/Laboratory Services: Some services, such as biopsies or surgery require specimens be sent to a laboratory for processing. The patient may receive a separate bill from this laboratory. **If you or your insurance requires the use of a specific lab for specimens, this needs to be clearly communicated to our staff prior to services being provided.**

Self-Pay: Patient who doesn't have insurance coverage are considered self-pay. Self-pay patients will be extended a 25% discount of gross charges. This must be paid in full at the completion of services being rendered.

Payment Arrangements: Dermatology Clinic of Muncie may consider payment arrangements for those patients who need assistance in meeting their account obligation. Dermatology Clinic of Muncie reserves the right to set the terms and conditions for any payment arrangement.

Credit Cards: Dermatology Clinic of Muncie accepts Visa, MasterCard, and Discover. Other forms of payment accepted are debit cards, checks, and cash. If a patient has an approved payment arrangement, monthly credit card debits are offered as an option for payment.

Returned Check Policy: Dermatology Clinic of Muncie will charge a thirty-five dollar (\$35.00) fee for each check returned by our bank for non-sufficient funds or other reasons.

Missed Appointment Fees: Dermatology Clinic of Muncie may charge a fee for missed office visit appointments when the patient fails to give appropriate notification. A cancellation notice must be received twenty-four (24) hours in advance of the scheduled appointment. A twenty-five dollar (\$25) for missed office visit/Esthetics visit and fifty dollar (\$50) for missed Botox/Filler appointment. Extenuating circumstances will be reviewed by Business Office Manager.

Collection Agencies: Should it become necessary for Dermatology Clinic of Muncie to send a patient's account to a collection agency, the patient will be responsible for any and all fees associated with the collection effort of the account, to include reasonable attorney fees, court costs, collections charges and interest.

Initials: _____

Dermatology Clinic of Muncie's Financial Policy Cont.

Patient Acknowledgement and Authorizations

Authorization for Treatment: With your signature below, Dermatology Clinic of Muncie is hereby authorized to conduct examination, perform procedures as medically required and administer treatment and medication and deemed necessary or advisable.

Authorization for Release of Information: With your signature below, Dermatology Clinic of Muncie, (and/or laboratory provider) is hereby authorized to release a complete report of services rendered, diagnosis, findings and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include authorized billing agents, insurance carriers, employer's workers compensation carrier, other third party payers, the Social Security Administration under Title XVIII (18) of the Social Security Act, the Professional Review Organizations or other intermediaries responsible for payments for services rendered. The release of information consent may be revoked at any time by giving written notice. If release of information is refused, the patient will be held responsible for payment of all charges for services rendered.

Authorization for Assignment of Benefits: In consideration for medical services provided, with your signature below, Dermatology Clinic of Muncie (and/or laboratory provider) is given all rights, title and interest to the medical reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefit including Medicare Part B. The patient will be fully responsible for payment of any and all charges not covered by insurance.

I have read the Financial Policy and Authorizations. I understand that there is no guarantee or assurance as to the results that may be obtained from any treatment. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patients Printed Name of Responsible Party:

Patients Date of Birth

Patient Signature of Responsible Party:

Date Signed
