

## English Dermatology

### Financial Policies

English Dermatology is strongly committed to ensuring that you understand your bill and the billing process. The following information is provided for your review.

#### **ALL PAYMENT IS EXPECTED AT THE TIME OF SERVICE**

Payment is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable coinsurance, copayments and deductibles for participating insurance companies. English Dermatology accepts cash, VISA, MasterCard, Discover and American Express.

Patients with an outstanding balance 60 days or more overdue must make payment arrangements prior to scheduling appointments. We do use a collection agency to pursue past due accounts. A \$15 service fee is charged on all accounts assigned for collection.

#### **INSURANCE**

We bill participating insurance companies as a courtesy to you. You are expected to pay your deductible and copayments at the time of service. If we have not received payment from your insurance company within 45 days from the date of service, you may be expected to pay the balance in full. You are responsible to ensure all charges incurred are paid whether by you or your insurance carrier.

We will not become involved in disputes between you and your insurance company regarding deductible, covered charges, copayments, secondary insurance, "usual and customary" charges, etc., other than to provide factual information as necessary. Please be aware that some of the services provided may be non-covered and considered not reasonable and necessary under your insurance plan. It is your responsibility to check with your insurance plan to see what services are covered.

#### **MANAGED CARE REFERRALS**

If you are enrolled in a managed care insurance plan (i.e. HMO or POS), your insurance carrier requires that you obtain a referral from your primary care physician (PCP) before receiving services. We will work with your PCP to obtain that referral, however, services received without a referral or proper authorization will be your financial responsibility.

#### **NON-CONTRACTED INSURANCE**

There is the possibility that English Dermatology may not be contracted with your insurance company. It is the responsibility of the patient to confirm prior to their appointment that English Dermatology is listed as a participating provider with their insurance company. English Dermatology will file a claim as a courtesy to non-contracted insurance plans.

#### **AHCCCS/MEDICAID**

English Dermatology is not contracted with any AHCCCS plans. Accordingly, we cannot provide services to patients with this type of coverage. If you are covered by an AHCCCS plan and choose to receive services from us, you are expected to pay privately for those services at the time of service. We will not submit bills to any AHCCCS plans.

#### **MISSED APPOINTMENTS/LATE CANCELLATIONS**

Missed appointments represent a loss to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24 hours in advance of the scheduled appointment. A \$25 fee will be charged for a missed office visit if you fail to notify us 24 hours prior to your appointment. A \$50 fee will be charged for missed surgeries or cosmetic procedures. Failure to pay cancellation/no show fees may result in denial to schedule an appointment until the amount due is paid in full. Excessive cancellations or missed appointments may result in discharge from the practice.

#### **LAB & PATHOLOGY**

You may receive separate billing statements from an outside lab or pathologist for review of skin tissue removed or biopsied during your visit. These providers could have different arrangements with your insurance company that may lead to additional bills. Should you have questions regarding those bills, please contact their office directly.

Please sign below to indicate that you have read and agree to this financial policy.

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Print Patient Name

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Patient or Guardian Signature

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Date