

# FINANCIAL POLICY

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## INSURANCE BILLING

Deschutes Dermatology Center will submit claims to your insurance carrier (primary and secondary) either as a courtesy to the patient/subscriber or as mandated by law. In order to do so we will request you provide us with the following information:

- Your written authorization to submit claims and release any medical information deemed necessary by your insurance carrier to process claims (authorization is included on our Patient Registration Form).
- Verification of insurance coverage. If Deschutes Dermatology Center will be billing insurance, we require you to submit your insurance card at the time of service.
  - *If we do not receive a copy of your insurance card your account will be established as self-pay.*
- Assignment of benefits (authorization is included on our Patient Registration Form).
- Timely notification and verification of any change in coverage or carriers.

Unless mandated by law or other contractual agreements, we bill insurance as a courtesy. Due to the number of plans and coverage options; we cannot provide individual policy benefits information. We are contracted with several insurance carriers but may not be contracted with your individual plan or group. You will need to contact your carrier directly to determine if we are contracted with them and on your network. Only medically necessary procedures will be billed to the insurance carrier. Your co-pay and any applicable deductible are due at the time of service.

Your insurance carrier will not be billed for elective, cosmetic and other non-covered services. Payment for these services will be collected at the time of service.

We accept cash, local checks, debit cards, credit cards, and CareCredit.

## OUTSIDE SERVICES

To provide the best care possible, Deschutes Dermatology Center may, on occasion, send specimens to an outside source for processing. Examples of these services are pathology and laboratory testing. Should we send specimens to other providers you will receive a separate billing statement from the outside pathologist and/or laboratory; these charges will be in addition to those for services rendered by Deschutes Dermatology Center.

## COSMETIC PROCEDURES

Elective cosmetic procedures are not covered by insurance companies. You are financially responsible for all charges associated with elective, cosmetic and non-covered services. These services and/or procedures are payable in full at the time of service. Prior to cosmetic treatment(s) we request that you make an appointment with our office for a cosmetic consultation. Because of the increasing number of missed appointments, cosmetic services require a deposit at the time of scheduling. We charge \$50 to reserve a Botox appointment and \$200 to reserve an injectable filler appointment (\$500 for a Sculptra appointment). This will be applied to the charge for your procedure. The balance is due on the date of service.

## APPOINTMENT CANCELLATIONS

The providers make every effort to see you at your appointed time; we ask that you make every effort to arrive on schedule. We understand that occasionally it will be necessary to cancel an appointment. We ask that you provide twenty-four hour notice. If a twenty-four hour notice is not provided, you will be charged a flat fee of \$25 for a missed office visit. Missed cosmetic visits will be subject to forfeit of the deposit.

## CARECREDIT PAYMENT PLANS

CareCredit offers comprehensive payment plans: including interest-free plans for treatments of \$300 or more. Extended plans of 3/6/12 month payments are the only payment options Deschutes Dermatology Center accepts for treatments over \$300. This is a revolving line of credit that can be used for ongoing treatments without having to reapply. For additional information, or to apply, please visit the CareCredit website at "<http://www.carecredit.com/>".

## GIFT CERTIFICATES

Deschutes Dermatology Center offers Gift Certificates for services and products. They are available in amounts from \$100-1000, in \$100 increments, and are not redeemable for cash. Gift Certificates are issued to a specific person. For tracking purposes, a patient/client account will be established for the gift card recipient (if not already set-up) at the time a Gift Certificate is purchased.

## LATE CHARGES AND OTHER FEES

- Accounts with balances over 90 days old are subject to late fees.
- Accounts referred to a collection agency may be subject to a \$50.00 collection fee, attorney fees and/or the percentage allowed under Oregon state law.
- There is a \$35.00 fee for all checks returned for NSF (non-sufficient funds).

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature required for minor (less than 18 years of age)

Relation to patient other than self (circle):      Parent      Guardian

Printed Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_