

## **AUGUSTA WEST DERMATOLOGY, LLC**

### **Patient Financial Policy**

Thank you for choosing our practice. We understand that in addition to feeling comfortable with your physician, many patients have concerns about the financial policies of the practice. Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read this carefully and if you have any questions, please do not hesitate to ask a member of our staff.

We accept cash, most credit/debit cards, and checks.

### **INSURANCE/BILLING**

For your convenience, our office will file insurance claims on your behalf. However, your insurance policy is a contract between you and your insurance company. You will need to bring your insurance card **each time** you visit our office. It is your responsibility to ensure that our providers actively participate with your insurance carrier. Be aware of your benefit coverage prior to receiving any services. **Co-pays must be paid the day of the visit and co-insurance may also be collected.**

It is your responsibility to know your insurance plan benefits. If a visit or service is not covered, you will be responsible for payment at the time of the visit. An uncovered visit would include being seen without a referral if you have a plan that requires a referral.

In order for appropriate referrals and tests to be ordered in-network, it is your responsibility to know which laboratories are contracted with your insurer.

If you do not have your insurance information at each visit, you will be asked to sign a waiver and make payment at the time of service.

**If you have no insurance coverage, payment will be due at the time of the visit.**

If your deductible has not been met at the time of visit, you will be expected to pay the fee for your visit on the day of service. We will require a copy of the health savings account debit/credit card or personal credit card to remain on file for anyone with a high deductible health plan.

We do not submit to secondary insurance plans. We will be happy to provide you with a receipt to submit for reimbursement. You will receive a check directly from your secondary insurance plan once you have filed your claim. You are responsible for any balance remaining on your account after your primary insurance has paid.

Any patient balance that is outstanding for more than 90 days is subject to release to a collection agency for further action. If a balance is released to a collection agency, there will be an additional 30% fee added to the current balance.

## **MISSED APPOINTMENTS**

Our appointments are scheduled to respect your time. We ask that you show the same respect for our time. We reserve a dedicated amount of time for each visit, and reserve larger blocks of time for procedures. We appreciate your promptness and consideration in arriving at your scheduled time. If you need to change an appointment, a 24-hour notice is required. Missed appointments without proper notice will result in a \$25 charge for a regular visit and a \$100 charge for a missed procedure. Out of courtesy for our other patients, eventual dismissal from our practice may result after subsequent missed appointments.

## **AFTER HOURS TRIAGE SERVICES**

There is a no fee to call the practice and leave a message after hours. However, calls transferred to Dr. Miller after hours may result in a fee of \$20 particularly if the call could be handled during business hours.

## **MEDICAL RECORD RELEASE**

There will be a charge of \$20 to copy or transfer medical records. We recommend that you have the copies released to you (and not to another physician's office) so that you can keep them on file.

## **RETURNED CHECK**

We charge a \$30 fee for any check returned by your bank. Our bank will attempt to process your check **two** times before returning it to us for insufficient funds. Your returned check may be redeposited by us if not paid within 10 business days. If your check clears the bank after being deposited by us a second time, we will still look to you for payment of the returned check fee of \$30. If your check is returned to us a second time, an additional returned check fee of \$30 will be added to your account.

## **BIOSPY AND SURGERY POLICY**

Procedures such as a biopsy or treatment of a wart are an additional charge to the clinic visit. If you have a high deductible plan and our records indicate it is unmet, you will be required to pay for the procedure on the day of the visit.

For biopsies, if you have a high deductible, you are **required to pay the deductible amount on the day of the biopsy**. Of course, insurance will be billed for services.