



Financial and Missed Appointments Policies and Procedures

Revised May 2016

By signing the Informed Consent Signature Page, you are indicating you understand and will comply with the Financial and Missed Appointments Policies and Procedures.

Basic Policy: Payment for service is due in full at the time service is provided in our office. This office accepts cash, personal checks, debit and credit cards. For your convenience and to facilitate billing for payments not covered by medical insurance, we encourage all patients to leave their Credit/Debit card information with us in our private and secure Electronic Medical Record files.

Insured Patients: We bill most insurance carriers for you if proper insurance cards and paperwork is provided to us. Your insurance policy is a contract between you and your insurance carrier. Co-payments are due at time of service. Although we are contracted with most insurance carriers, it is the patient's responsibility to ensure we are a participating provider with your plan. Once your insurance claim has been processed, any services not covered will be billed to you and is your responsibility.

Uninsured Patients: Payment for services is due in full at the time of service or pre-approved payment arrangements with our billing department prior to service is required.

Medicare Patients: We will bill Medicare for you. We will also bill secondary insurance carriers for you.

Referrals: Provision of proper insurance documentation and any required Referrals (to include Tricare referrals) or required Pre-Authorizations is the responsibility of the patient. In the absence of appropriate referrals or pre-authorization, you agree to accept full responsibility for any charges related to the services performed by Colorado Dermatology Institute. Moreover, if services are rendered which are outside the scope of your referral or authorization, you accept full responsibility for these charges as well.

Surgery Fees: All co-payments and payments for non-covered surgical procedures are due prior to your surgery. Prior authorization may be required by your insurance carrier. It is the patient's responsibility to ask their insurance carrier if prior authorization is required.

Laboratory Fees: You may be referred to an outside laboratory for tests. These fees will be billed to your insurance or to you by the laboratory. It is your responsibility to use the laboratory contracted by your insurance company. If a tissue sample needs to be read by a dermatopathologist to confirm a diagnosis, you may be charged for those additional services.

Yearly Skin Screenings: Periodic preventive skin screenings may or may not be covered under your health insurance policy

Assignment of Insurance Benefit and Authorization for Payment: I authorize payment of medical and surgical benefits as determined by my insurance carrier directly to Colorado Dermatology Institute or its practitioners. As the responsible party, I agree to pay all charges incurred including those for services not covered by my insurance policy.

Authorization for Release of Medical Records: I authorize the release of medical records and information necessary to process insurance claims for medical and surgical benefits.

Payment Plan: We offer a monthly Payment Plan, to be approved through the billing office, for those needing time to pay their bill. If a patient does not honor the terms of their Payment Plan, they will not be rescheduled for an appointment in this clinic.

(Continued on Reverse Side)

Delinquent Accounts and Collections: If a patient has not made payments on their account for 90 days, that account is considered Delinquent and the patient will not be rescheduled for an appointment in this clinic until the account balance is paid in full or a Payment Plan has been approved. Delinquent accounts may be turned over to a collection agency which would result in that patient being dismissed from this clinic. You understand that you will be charged for, and hereby agree to pay, all costs and expenses incurred in collecting any past due fees, and interest allowed by law, all without relief from valuation and appraisal laws.

Delinquent Fee: We will add a \$5 per month fee to all Delinquent Accounts (accounts for which payment has not been received for 90 days).

Returned Check Fee: We will charge a \$35 fee for returned checks.

Missed Appointments Policy

Revised May 2016

1. Non-Surgical Appointments: Your appointment time is reserved especially for you. Out of respect for all patients waiting for appointments, the Colorado Dermatology Institute has a 24 hour (one business day) cancellation policy. If a patient misses two scheduled appointments within a consecutive 12 month period without giving us at least 24 hours advance notice that they will be unable to arrive for their appointment on the date and time scheduled and need to reschedule or cancel their appointment, we believe it is in the patient's and the clinic's best interests to sever our professional relationship and we will not schedule that patient again. Please note that an appointment for Monday at, for example, 10a.m., would need to be canceled before 10a.m. the preceding Friday. This same principle applies to holidays. Patients may be charged a \$75 missed appointment fee and not be rescheduled until that fee is paid.

2. Surgical Appointments: Your appointment time is reserved especially for you. Out of respect for all patients waiting for appointments, the Colorado Dermatology Institute has a 48 hour (two business days) cancellation policy. If a patient misses a scheduled surgery appointment and fails to inform us of the need to reschedule or cancel their appointment within 48 hours (two business days) of that appointment, that patient will be charged a \$250 missed appointment fee and will not be rescheduled until that fee is paid.