

## **DERMEVE, PC / MT. LEBANON DERMATOLOGY ASSOCIATES**

### **Financial Policy - Effective August 1, 2025**

#### **INSURANCE:**

We participate with most commercial insurance companies. We do not participate with: Medical Assistance plans (Access, Aetna Better Health, Aetna CoventryCares, Aetna Custom HMO (PEBTF), Amerihealth Caritas VIP Care / Community Health Choices, BC/BS My Direct Blue MA, Highmark Wholecare, Community Health Choices, Gateway, Geisinger, Health Partner Plans, Keystone First, PA Health & Wellness, Unison, United Healthcare Community Plan of PA, United Family Plan, UPMC for You, UPMC for Best Health, UPMC Complete Care, UPMC Advantage Specialty, UPMC Community HealthChoices, UPMC for Life (Dual) or Workmen's Compensation. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if group plan) or to your agent. Insurance varies in their coverage and it us the patient's responsibility to understand his/her medical benefits.

#### **INSURANCE CARDS:**

You will be asked to provide your insurance card(s) at every visit. This is to ensure that the information we have is correct.

#### **CREDIT CARD RETENTION:**

Credit card information is required for all new patient scheduling.

**CANCELLING APPOINTMENTS AND MISSED APPOINTMENTS:** Due to the high volume of patients that need our care we must enforce the following policy: 24-hour notice of cancellation is required. We understand that there are times you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise when another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly "full" appointment book. Please extend us and your fellow patients the courtesy of cancelling your appointment 24 hours prior to your appointment.

#### **General Dermatology Appointment - Same Day Cancellation Policy**

- First occurrence, you will receive a courtesy letter, reminding you of the importance of calling or responding to your text reminders if you are unable to keep your appointment. Your patient rescheduling fee will be waived.

- Second occurrence you will be charged accordingly:

\$50 for a regular visit,

\$100 for a 1-line appt

\$200 for a 30 minute appt.

- Third occurrence, discharge from the practice may be considered.

#### **General Dermatology Appointment - No Show Policy**

- First Occurrence

\$50 for a regular visit,

\$100 for a 1-line appt

\$200 for a 30 minute appt.

-Second occurrence, discharge from the practice may be considered.

## **MOHS - SAME DAY CANCEL / NO SHOW POLICY**

\$350 will be collected for all Mohs appointments

### **CO-PAYS, Coinsurance, Deductibles and other non-covered billable services:**

All office co-pays are to be paid at the time of service. This is an insurance company policy. We will bill your insurance company as a courtesy to you. After our billing is completed, the patient is responsible for any coinsurances, deductibles and any other non-covered billable services. We do not bill third parties. If you do not have insurance coverage or we do not participate with your insurance carrier your total charges are due on the date of service.

### **PAYMENTS:**

- \* A balance due statement is sent to the patient immediately after payment is received from their insurance company. Unpaid balances are due upon receipt of this statement.
- \* If payment is not received within 60 days, your outstanding balance will be transferred to a balance facilitator. At that time, accounts will be assessed a service charge equal to 25% of the unpaid balance. At this same time, the patient and his/her family will be discharged from the practice.
- \* If the balance facilitator does not receive payment within 90 days, your outstanding balance will be transferred to the proper credit bureaus which will affect your credit.
- \* Partial payments are readily accepted. We offer interest free payment plans.
- \* If the patient's check is returned to us by the bank or a credit card payment (by mail) is denied, a \$25.00 returned check/credit card fee is assessed on the account.

**COSMETIC SERVICES:** All charges for cosmetic services must be paid at the time of the visit.