



# DERMATOLOGY

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## LTD

Welcome and thank you for choosing Dermatology, Ltd. for your dermatology care. We are committed to providing you the highest quality of medical care possible in a cost effective manner.

Please be advised that your health insurance coverage is a contract between you and your health insurance company. We will submit your claims for payment. However, as the patient or the guarantor, you are ultimately responsible for payment due for services rendered that are not covered by your insurance plan. Any amount not covered by the insured/patient's insurance plan is your responsibility.

**Credit Card on File Policy:** We now ask you to provide us a credit/debit/HSA card number to keep on file. This card number will be used for any unpaid balances. Due to the high number of deductible plans and higher patient coinsurance benefits this has become necessary for our Practice. Once your credit card information is entered into our EMR, it is encrypted and safely stored in a PCI compliant manner. By signing this agreement, you understand that once your health insurance plan has processed and paid their portion of your medical care, you will receive an Explanation of Benefits (EOB). The health plan EOB will state any deductible or other balance remaining owed to Dermatology, Ltd. by the patient. We will charge your credit card the balance due when we receive a copy of the EOB. If your balance exceeds \$250, your card will be charged \$250 and we will mail you a receipt with the balance due. We will charge your card up to \$250 each month until the balance is paid unless you notify us otherwise on how you want us to process your balance. Circumstances when your credit card will be charged include but are not limited to missed co-payments, deductibles and co-insurances, and non-covered services and /or denial of services.

If the credit card we have on file for you changes, please notify us immediately by calling our billing office at 610 565 2640. We will contact you by phone or email if your card is denied for any reason. We reserve the right to charge your card an additional \$50 declined card fee if we are not able to run a new card within 7 days.

Appointments:

- It is your responsibility to verify that your physician is currently under contract with your insurance plan and that you have obtained all necessary referrals BEFORE your

scheduled appointment. Failure to confirm this may result in your responsibility for any and all charges.

- We require patients who arrive without a valid referral to sign a separate waiver form indicating they understand they are responsible for full payment if our office is not able to obtain a referral that day.
- Please inform the patient service representative during your check in of any changes in your insurance and/or demographic information (phone number, address, etc.) Failure to notify us of any changes in your insurance coverage may result in you being responsible for any services not covered by your plan.
- 24 hours notice is required to cancel and/or reschedule all appointments. Failure to do so will result in a \$35 No Show fee.

#### Self-Pay:

- We offer a self pay fee schedule for self-pay or uninsured patients. In these cases we can only provide an estimate of the payment due prior to the appointment since fees are determined based on the office and procedure codes billed.

#### Payment Plans:

- We will be happy to work with you in order to set up a payment plan for any large balance in excess of \$500. Please contact our billing department at 610 565 2640 to set up a payment plan.
- You have the option to also make payments online via our website: [dermatologyltd.com](http://dermatologyltd.com)

#### Refunds:

- Any patient refunds are issued to the appropriate party.
- Patient refunds will not be processed until all active or past due charges are paid in full.