

# **Advanced Dermatology of Westchester, PLLC.**

## **OPERATIONAL AND FINANCIAL POLICY**

We are committed to providing you with the best possible care and are pleased to discuss our policies and procedures with you at any time. Your clear understanding of our Operational and Financial Policy is important to our professional relationship. Please read this Operational and Financial Policy prior to signing your consent form.

Patients must fill out, date and sign a Patient Information Form prior to being seen by the doctor. Additionally, Patients will be provided with a Notice of Privacy Practices and will be required to sign applicable authorization forms needed to provide medical services to you. We will request to see proof of identification, such as a valid drivers' license or picture ID, in compliance with all federal and state laws and reporting requirements regarding identity theft.

### **POLICIES REGARDING OPERATIONAL AND FINANCIAL OBLIGATIONS ARE AS FOLLOWS:**

**APPOINTMENTS** – To be fair to all patients and to make sure that we have schedule availability, a 24-hours (one business day) notice is required for cancellations. Cancellations must be done between 9 a.m. and 5 p.m. on workdays at least one full business day before your scheduled appointment. Should you not provide this 24-hour notice, a cancellation fee of \$25 may be billed to your account. This \$25fee also applies to no-show missed appointments.

**INSURANCE CARD** – You must provide an up-to-date insurance card at the time of visit. We will request to photocopy your insurance card(s) for your file. If no insurance card is provided then you will be considered self-pay. Although we participate with most insurance carriers, changes in participation occasionally do occur. We ask that you confirm our insurance participation with our staff at the time you make an appointment.

**REFERRALS** - If your insurance plan requires a referral from your primary care physician, it is YOUR responsibility to obtain it prior to your appointment. It is also the patient's responsibility to know "when" and "if" they need any additional referrals for future visits. If it is determined that you needed a referral but did not obtain one, you will be asked to either reschedule your appointment or be treated as a self-pay patient. Under certain situations we may consider temporarily holding your credit card information so that if a referral is not received within 24 hours of visit, your credit card will be charged for the visit.

**CO-PAYMENTS**– Our contractual agreements with your insurance carrier requires that we collect your co-payment. This payment is expected each and every time you see the doctor, even for subsequent visits for the same condition. If you are unprepared to pay at the time of service, you will be sent a statement for the co-payment amount due and an additional administrative fee of \$10.

**SELF-PAY PATIENTS** – Payment is expected at the time of visit for all medical and/or cosmetic services rendered.

**FORMS OF PAYMENT ACCEPTED** – Cash, Checks, MasterCard and Visa ONLY. Check amounts over \$100 will require a copy of that person's valid drivers'license. Checks returned for insufficient funds will be assessed a \$25 fee. We reserve the right to refer any delinquent accounts to a collection agency and report them to the credit bureau.

**MEDICARE** – We are participating providers of the Medicare program. The patient will be responsible for the annual deductible and the 20% co-insurance, if not covered by a secondary or medigap insurance if you have one.

**DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS**– The parent who consents to the treatment of a minor child is responsible for co-payments, deductibles, or self-pay services rendered. Advanced Dermatology of Westchester, PLLC will not be involved with separation or divorce disputes concerning insurance coverage or payment of responsible party's obligations.