

NMD FINANCIAL POLICY

General Dermatology Services: North Metro Dermatology, PLLC (“NMD”) participates in many insurance plans. A list of accepted plans is available on our website www.northmetroderm.com under the “About Us” link.

If you are covered by one of our accepted insurance plans and can provide a valid insurance card or other evidence of coverage at the time of service, we will bill your insurance for your non-cosmetic dermatology services. These dermatology services may be applied to your deductible or subject to copayment or coinsurance, in which case payment will be your responsibility at the time of service. Please note that NMD does not bill “preventative” or “wellness” care codes.

For HMO (Managed care) patients: It is the responsibility of HMO patients to ensure that they have obtained a referral for all appointments with this office, if needed. The patient is financially responsible for any and all services rendered that are not a part of the referral, if not covered or paid by insurance. If you did not obtain a referral for a specialist office visit, your insurance company will require you to pay the full amount for all services.

For PPO patients: Most insurance companies consider all dermatology procedures (such as skin biopsies or freezing warts) to be surgical in nature. They will often apply these costs to your deductible. When we verify insurance for your appointment, we are given a general idea about your coverage, but we will not know exactly what is covered until we send off the claim and receive an explanation of benefits (EOB). It is a good idea for you to become well acquainted with the specifics of your coverage. If you want to delay a particular procedure until you know these details, the front desk staff will be happy to provide you with the appropriate medical codes for you to give to your insurance company.

If you are not covered by one of our accepted plans, you must pay in full at the time of service. Many insurance plans do provide reimbursement for “out-of-network” care. Please contact your insurance company as to how to submit a claim form and the rules governing visits to out-of-network physicians.

Cosmetic Dermatology and Aesthetic Services and Products:

Because they are not considered medically necessary and therefore are not covered by insurance plans, full payment is required at the time of service for any retail products, cosmetic services, and/or aesthetic treatments. Cosmetic services include, but are not limited to: Cosmetic Consultation with Physician, Botox, Fillers (i.e. Juvederm), Laser Hair Removal, Photorejuvenation, Fractionated and Full Resurfacing, MicroLaserPeel, Chemical Peels, and Microdermabrasion. If, in addition, any medical decision making is provided for anything other than these cosmetic services, your insurance carrier will be billed.

Payment and Cancellation Policy:

- 1) Payment is required for all services and/or copayments at the time of visit. Payment is accepted in the form of cash, check or major credit card.
- 2) Returned checks will be charged a \$30 fee to cover processing and bank fees.
- 3) In order to provide the best possible service and availability to all our patients, it is office policy to charge a \$25 fee for any regular appointment that is not cancelled at least 24 hours prior to the appointment time. This fee is NOT covered by insurance and is the full responsibility of the patient. Please call us as early as possible if you know you will need to reschedule your appointment. Filler and laser procedures require a \$200 deposit with the physician, and a \$50 deposit is required for all cosmetic procedures with the esthetician. A 72-hour cancellation notice is required for a refund of the deposit. With advance notice of appointment cancellation, we are able to accommodate other patients in a timely fashion.
- 4) Your account is considered past due at 90 days. Please be advised, should your account be turned over to a collection agency, there will be a 25% collection fee added to your past due account. In addition it will be reported to the credit bureau.

***LAB/PATHOLOGY** tests with specimens in our offices, we collect blood, skin samples, etc. and send the specimens to outside laboratories for analysis. Our contracts with the outside labs provide efficient turnaround time for final results. You may receive a separate bill from the lab.

I have read, understand, and agree to abide by the above policies.

Signature_____

Date:_____