

# COLORADO DERMATOLOGY SPECIALISTS

## PATIENT FINANCIAL POLICY & PATIENT RESPONSIBILITY NOTICE

Thank you for choosing Colorado Dermatology Specialists for your skin care needs. We are committed to providing you with the highest quality care. Please read this policy, ask us any questions you may have and sign in the space provided. A copy will be provided to you upon request.

We consider payment of services to be the responsibility of the patient in the patient-physician relationship. Therefore, we would like to explain our payment policy and patient responsibility expectations to you to ensure understanding and compliance.

Colorado Dermatology Specialists provides many different types of medical services within our practice. Many insurance carriers have their own specific criteria set for how frequently an exam, test or procedure can be performed in addition to not paying for certain types of services such as routine/screening testing i.e. blood work, removal of certain skin conditions, etc. Consequently, it is impossible to know all of the many different employer group benefits from one employer to the next. Therefore, Colorado Dermatology Specialists cannot be held responsible for informing patients whether a particular service is covered or not. However, our staff will make every effort to try to assist you in understanding your health benefit or supply you with other health plan related resources.

**For those insurances we do participate with, we will file on your behalf directly to the insurance carrier for payment. Insurance co-payments, coinsurance, deductibles, and non-covered services are expected to be paid at the time of service. The office accepts cash, check, Visa and MasterCard.**

**INSURANCE:** We have made prior arrangements with most insurance plans to accept assignments of benefits, however there are some plans that we do not participate with. **If you are insured with a plan we are not contracted with, payment in full is expected at each visit.** If you are insured by a plan we are contracted with, but do not have an up to date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage. It is advised that you call and confirm with your insurance carrier that we are contracted with your insurance plan.

### **IT IS YOUR RESPONSIBILITY:**

1. To be familiar with your insurance coverage, benefits and rules.
2. To notify our office of any insurance changes prior to the time of the visit.
3. To bring your insurance card(s) and photo ID to each visit.
4. To obtain a referral from your PCP if your insurance plans require one. If you do not have the required referral, you may either be required to pay the full fee at the time of your visit, or reschedule your visit.
5. To be prepared to pay all copayments, coinsurance and deductibles according to your insurance plan at the time of your visit.

**IDENTIFICATION:** All patients must complete our patient information forms before seeing a provider. We must obtain a copy of your driver's license and current valid insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

**NON-INSURED PATIENTS:** Patients who are not covered by an insurance plan are responsible for services rendered at the time of service. For those patients who are unable to pay for service in full, a minimum of 50% of the charges are due at the time of service. Payment for any remaining balance is payable within 30 days of

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the date of service. Failure to remit payment may result in the patient's account being referred to an outside collection agency. Any fees assessed by the collection agency will become the financial responsibility of the patient.

**MINOR PATIENTS:** For all services provided to a minor patient, we will look to the adult accompanying the patient and the parent or guardian with custody for payment. The accompanying adults must provide a photo identification.

**NONPAYMENT:** If your insurance company does not pay your claim in 45 days as required by Colorado State Law, the balance will automatically be billed to you. If your account is over 30 days past due after the insurance company has paid their portion and a statement has been sent out, partial payment will not be accepted unless otherwise negotiated. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you may be discharged from this practice. In the event of finding it necessary to turn your unpaid balance over to a collection agency, all collection fees and/or legal fees will be owed in addition to the remaining balance. If this occurs, you will be notified by regular or certified mail that you have 30 days to find alternative medical care. During that 30 day period, our physicians will only be able to treat you on an emergency basis.

**CONSENT TO TREAT:** This consent provides us with your permission to treatment at this office, as requested by you, or diagnosed by your physician. This consent will remain fully effective until it is revoked in writing. You have the right to discuss the purpose, potential risks and benefits of any treatment or procedure. If you have any concerns about any treatment or procedure, we encourage you to ask questions prior to treatment. I certify that I have read and fully understand the above statements and consent fully and voluntarily to its contents.

**ADDITIONAL PRACTICE RELATED FEES AND POLICIES**

- \$25 Fee "No Shows" (Failure to provide cancellation notice prior to your scheduled appointment). All appointments must be cancelled 24 hours before the scheduled appointment.
- \$25 Fee Request to complete Life, Disability, FMLA & many other various types of independent health forms. Please allow 3-5 days for completion of such forms.
- \$40 Fee Returned checks for non-sufficient funds, which is a charged back processing fee to the patient. We will be unable to accept any personal check until account balance and associated service fees are paid in full. If this is a repeated occurrence, we will only be able to accept cash or credit card as method of payment.
- Other Biopsy, Pathology and Lab samples sent to labs outside of our office are billed independently of Colorado Dermatology Specialists. You may receive a bill from the outside lab and will be responsible for payment to that facility.

**ACKNOWLEDGEMENT:** I have read and agree to abide by the financial policy of Colorado Dermatology Specialists. Any questions I have were answered to my satisfaction.

\_\_\_\_\_  
Patient/Guardian Print Name

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Please print name of accompanying adult

\_\_\_\_\_  
Today's Date