

## PATIENT FINANCIAL POLICY

Welcome to the office of Dr. Stanley Roland. In order to reduce confusion and misunderstanding we have adopted the following financial policy. If you have any questions please discuss them with our practice administrator. We are dedicated to providing the best possible care and service to you and we believe that your complete understanding of your financial responsibilities is an essential element of your care and treatment.

- **Insurance Contract:** With so many health insurance companies and contracts available today, it is very difficult for our staff to know exactly what your individual contract covers. Your insurance policy is a contract between you and your insurance company. Therefore, to avoid any financial "surprises" relating to the services you receive, please review your insurance policy prior to your appointment. **Please note that it is ultimately your responsibility to know what is covered by your policy.** In addition, we only accept straight Medicaid plans; Managed Care/Health Plans through Medicaid are not accepted.
- **Claims:** As a courtesy, we will file your insurance claims for you if you assign the benefits to the doctor. In other words you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within 90 days, we will look to you for payment. We have made prior arrangement with many insurers and other health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment at the time of service. We will collect the co-payment when you are here for your appointment. If you have insurance coverage with a plan that we do not have a prior agreement, we will also bill that plan, although you may have a higher co-payment or deductible for which you will be responsible. All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- **Participating Physician:** Does Dr. Roland participate with your plan? Please refer to your health plan's provider directory, check their website or call them directly for participation verification. (If you go to a physician outside of your plan's network, you may incur higher deductibles and/or copays.)
- **Referrals:** It is your responsibility to obtain referrals if your insurance requires them. It is between you, your primary care physician and the insurance company. You will be financially responsible if no authorization is received. Your primary care physician is responsible for sending the referral to the insurance company. We have no responsibility in getting the referrals or authorizing treatment.
- **Surgeries:** Insurance companies refer to all procedures performed by dermatologists as "surgery." If you are receiving acne treatments, it will be described as "acne surgery" on your explanation of benefits form you receive from your insurance company. Many policies have a specific deductible amount that applies to "surgery." Please check your insurance policy.
- **Acne Treatment:** There are some insurance companies that will not cover the treatment of acne. We commonly treat acne with one or more of the following procedure codes – 10040 (acne surgery), 11900 (cortisone injections), or 15788/15792 (chemical peels). The diagnosis code for acne is L07.0. Please check with your insurance company for coverage.
- **Varicose Vein Treatment:** Some insurance companies do not cover the treatment of veins (Sclerotherapy or EVLA) because they view them as a cosmetic procedure. Other plans may cover these treatments but require a "pre-authorization" prior to treatment. In order for us to submit sclerotherapy treatments to your insurance company we must establish medical necessity. We commonly treat varicose veins with one or more of the following procedure codes – 36470/36471 (varicose vein injections), 93970 (duplex), 36478 (EVLA). The diagnosis code can vary depending on symptoms, but are typically either I83.893 or I83.813.
- **Biopsies:** All biopsies are sent to **Pinkus**, if your insurance requires that the specimen be sent elsewhere, you must notify us prior to the appointment.
- **Minors:** For all services rendered to minor patients, we will look to the adult accompanying the patient for payment. Whoever brings the patient in and signs the paperwork is financially responsible for payment.
- **Non-Payment:** If a balance remains outstanding for longer than 60 days, a monthly interest charge of 1.5% (time/price differential) will be assessed. Additional service fees will also be assessed. **If no payment arrangements have been made with the billing department, the account will be turned over to a collection agency and a collection fee (30% of the balance turned over to collection) will be assessed to your account.**
- **Cancellations/Reschedules:** **In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you will need to reschedule your appointment. Unless cancelled 24 hours in advance, \$75.00 will be charged for missed appointments. Also for no show surgery appointments \$150.00 per each 30 minutes of missed appointment time will be charged.**
- I have read and understand the financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

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SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

\_\_\_\_\_  
DATE

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PLEASE PRINT THE NAME OF THE PATIENT