

**Patient Financial Policy**

**Thank you for choosing The Dermatology Center of Indiana for all your Dermatology and Skin care needs. The Dermatology Center of Indiana is revolutionizing skin care. Our mission centers on creating greater access to expert dermatology care and delivering an unparalleled patient experience. Our guiding principle is to treat every patient as we would want our friends and family to be treated, and we are committed to being your trusted experts in all aspects of skin care.**

Please review the following information and let us know if you have any questions about fees, policies and/or your responsibility(s). Please sign and date at the bottom indicating your understanding and acceptance of our policies outlined below.

**Insurance-** Your health insurance is a contract between you as the patient and your insurer. As a courtesy to our patients, we will file a claim to the insurance company on your behalf. We will assist you in any way we reasonably can to help get your claims paid. Your insurance company may request you to supply information to them directly to process your claim. It is your responsibility to respond to their request. It is a patient's responsibility to know the benefits, referral requirements and limitations under their plan. We participate with many insurers and make an earnest effort to inform you if your specific payer or plan is considered in or out of network however, it is your responsibility to verify if the provider you see is considered in-network by your specific payer/plan. Seeing a provider out of network may result in higher out of pocket expenses than if your provider is considered in-network. If your insurance requires a referral to be seen by a specialist, it is your responsibility to understand this requirement and ensure you obtain one prior to your date of service. In some cases, we may be able to assist you with this requirement. If you fail to provide your most current insurance info in a timely manner and it goes past timely filing with your insurer you will be responsible for charges incurred at your appointment

We are required by our contracts with insurers to collect copays, co-insurance, and deductibles. Failure on our part to collect these may be considered fraud, please help us in upholding our legal obligation by paying your co-payment and/or deductible/co-insurance at the time of service and any other balances you may be held responsible for per your insurance benefits immediately upon receiving a statement from The Dermatology Center of Indiana. This includes services provided that your plan may deemed a "non-covered service." Should you have difficulty paying your balance(s) we have payment plans and financial assistance available. Please contact us to discuss a payment plan or to qualify for financial assistance.

**Missed appointments-** Any appointment missed without at least 24-hour notice of cancellation will result in a charge of \$50.00. Charges are the responsibility of the patient or legal guardian and cannot be billed to insurance.

**Nonpayment-** At The Dermatology Center of Indiana we know life is busy and occasionally a statement/bill may be overlooked. With this in mind, we will send you three statements and one pre-collection letter. If you have not paid your balance within 120 days provided, the account may be referred to a collection agency. If your account is placed for collections additional fees may be assessed to your debt as is allowed by law. It is our sincere hope you are satisfied with your services and will in turn pay your balance within the 120 days period provided. Failure to adhere to any agreed to payment plan may also result in referral to our collection agency. For your convenience we take checks, cash, and major credit cards. A returned check fee of \$35.00 will be charged for any checks dishonored from the bank.

You have a right to a reasonable estimate of the cost of the services provided to you. Should you want to avail yourself of this right please ask the receptionist for an estimate of the services for which you intend to receive the day of your appointment.

**Self-Pay-** Payment is expected at time of service unless other payment arrangements are made in advance.

**Cosmetic services-** Payment is expected for all cosmetic services at the time services are rendered. FSA or HSA accounts cannot be used for payment of cosmetic services.

**Assignment of benefits & attestation-** I attest that if I am presently enrolled with a medical insurance carrier and have coverage, I have provided the practice with my most current and accurate insurance information. I also authorize and direct my insurance carrier to issue payment directly to The Dermatology Center of Indiana Dermatology for their medical service provided to me. I also authorize The Dermatology Center of Indiana to release requested and necessary information to my insurance company to complete my claim(s).

**Printed Name of patient or authorized representative:** \_\_\_\_\_

**Signature of patient or authorized representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_