



## Financial Policy

Understanding your financial responsibility is an essential component in establishing and maintaining a strong patient/practice relationship. In order to achieve this, we offer the following information regarding our insurance and financial policies. It is your responsibility to ensure that the insurance information we have for you is correct, to understand your coverage, and to obtain the necessary referrals and authorizations for care.

### Payment Options

We accept cash, checks, Visa, MasterCard, and HSA debit cards (when appropriate). Payment for cash discounted medical services, copays, cosmetic products, and cosmetic services are due in full at the time of service.

### Insurance

While we are credentialed with several insurance policies, it is the patient's responsibility to contact their insurance to ensure coverage and network status before the visit. Our office will submit your claim to your insurance company and collect co-payment at the time services are rendered. Once we receive a response from the insurance company, you will be billed for any remaining balance that your insurance does not pay including coinsurance, deductible, and any non-covered services. This amount is determined by the insurance and will vary depending on your coverage level. In the case of non-contracted or out of network carriers, the full balance will become the patient's responsibility. We are **not** contracted with any Medicaid plans and cannot see Medicaid patients per Colorado state law guidelines.

### Pre-Authorization/ Referrals

If your insurance plan requires a referral to see a specialty physician, you are solely responsible for requesting that your primary care physician send the referral directly to your insurance company before your visit. Any charges denied due to no referral or pre-authorization will be the patient's financial responsibility.

### Cost Share Plans

Due to the extended amount of time it can take to collect from cost share plans, patients will be billed directly after 90 days of the date of service if payment is not received from the plan.

### Self-Pay

If you do not have insurance, we do not accept your insurance, medical services are not covered by your insurance, or you do not wish to use your insurance, feel free to ask for a discounted self-pay rate for medical care.

### Cost Estimates

Patients can ask for and will be provided with a good faith estimate of scheduled services. The office cannot guarantee the accuracy of the estimate as estimates do not account for unforeseen complications or additional tests/procedures; any of which may increase the ultimate cost of the services provided.

### Minors

A parent or legal guardian must accompany all patients under the age of 18 to authorize treatment and financial arrangements. If this is a custodial parent, we can submit the charges to another parent's insurance. However, the parent presenting the child for care will be billed for the balance not covered by the insurance. Any patient over the age of 18 will be held financially responsible for all charges incurred.



#### Medical Records

Copies of pathology reports are provided to you or another physician at no charge. Any additional medical record requests and/or completion of forms (e.g. disability, life insurance, cancer policies, etc.) are subject to processing fees determined by state law and contractual agreements. Please be advised that medical records requests require time to be processed and cannot be provided the same day requested.

#### Account Balances

Statements are sent out monthly for patients with personal balances. Payment is due within 30 days of the statement date. If you are unable to pay the balance in full, please contact our office to make payment arrangements. Any patient balance over \$200 requires payment of at least half the balance before being seen for non-urgent visits.

#### Collections

Outstanding personal balances over 90 days from the date of service will be sent to our collection agency. In the event an account is referred to an outside collection agency, patients will be responsible for any associated collection fees. Any balance in collections must be paid in full before the patient is seen for non-urgent visits.

#### Returned Check Fee

A \$40 fee will be added to your account balance in addition to the amount of the check returned for insufficient funds. This total must be paid by cash or credit card within 14 days of the date we learn of the insufficient funds.

#### Pathology Fees

Fees associated with this service are separate from the procedure performed by your provider. Your provider will send specimens to an outside lab for processing and interpretation in which patients or their insurance will receive a bill from the outside lab. If your insurance requires the use of a specific pathology lab, it is your responsibility to provide us with that information prior to being seen. Failure to do so may result in additional out-of-pocket costs to you.

#### Consent & Acknowledgment

I authorize Lower Highlands Dermatology to bill my insurance as well as the release of all medical information necessary to process claims. I hereby assign Lower Highlands Dermatology all rights to insurance payments or benefits to which I may be entitled for services rendered. I will give the office information about my insurance or other health coverage and complete forms that may be required to help pay for my health care and that the office reserves the right to bill be directly if required information is not provided.