

THE DERMATOLOGY INSTITUTE OF BOSTON

FINANCIAL POLICY

Thank you for allowing The Dermatology Institute of Boston, PC, Inc. to be your healthcare provider. The Dermatology Institute of Boston, PC, Inc. is committed to the success of your medical treatment and care. We will file your primary and secondary medical claims for you. It is imperative that you provide us with current and accurate insurance information at the time of your appointment. We will scan a copy of your insurance cards at the time of your visit. If you fail to provide insurance information, you will be considered Self Pay and will be required to make payment arrangements at the time of service. It is important for you to understand that you have a contract with your insurance carrier, and you will need to help us work with your insurance carrier to expedite the reimbursement process. As the patient, you are responsible for any unpaid balance not contractually covered by your insurance. You have final responsibility for payment for services provided. Your participation in the process is both essential and encouraged. If your insurance company requires you to choose a primary care provider (PCP). It is your responsibility prior to your visit to ensure that you have authorization for your visit with us prior to your appointment.

Copayments: Your insurance company requires you to pay your copay at the time of each visit. If your child comes for an office visit without a parent, you are still responsible for the copayment at the time of the visit. If you do not have insurance coverage, you will be expected to pay at the time of your visit. If we cannot verify your insurance coverage at the time of your visit, we require a minimum of \$50.00 deposit per visit. In the case of overpayment following insurance payment, you have 180 days to request a refund of a credit on your account, or the amount becomes non-refundable. You will be notified of a credit on your account by our billing department after it is processed by insurance.

Deductibles It is your responsibility to understand any deductibles that may apply to you under your Insurance Policy.

Insurance Information: It is your responsibility to ensure that we have accurate insurance information. Presenting an invalid or inactive insurance card will result in full payment by you. Medical insurance does not always cover the entire cost of your medical care. If we believe a service we offer is not covered by your insurance coverage, we will tell you. In some instances, however, we do not learn that a service is not covered until after we submit a bill. You are responsible for payment if your insurance company refuses to pay for a service.

Medicare: The Dermatology Institute of Boston, PC. is a participating Medicare provider, accepting assignments for Medicare Part B (Physician Services) claims. The patient is responsible for their Medicare co-insurance, deductibles, and any services rendered that are not covered by Medicare.

Medicaid: The Dermatology Institute of Boston, PC. only accepts Medicaid patients on a case-by-case basis, in consultation with the Primary Care Physician (PCP). Medicaid patients must submit a valid identification card at every visit. The patient is responsible for any spend down amount for services provided on dates that are not eligible for coverage. The patient is responsible for any services rendered that are not covered by Medicaid.

Managed Care Plans: In order to see a specialist, some insurance plans require a referral from the Primary Care Physician (PCP) or pre-certification before treatment can be rendered. It is the patient's responsibility to ensure we have this referral or pre-certification prior to the visit. If we do not receive the necessary referral or pre-certification, the patient will be responsible for payment or will need to reschedule their appointment. All co-pays are due at the time of service.

Commercial Plans: The Dermatology Institute of Boston, PC. has established fees that are usual and customary for this healthcare service area. Every insurance carrier has its own usual and customary fee schedule; however, the patient is responsible for payment regardless of the insurance carrier's arbitrary determination of rates. All co-pays are due at the time of service.

Self-Pay: Patients who do not have insurance coverage are self-pay. Self-pay patients will be required to make payment arrangements prior to services being rendered. The cost of a new medical dermatology self-pay visit is \$295, and the cost of an established medical dermatology self-pay visit is \$195. The cost of a cosmetic consultation for both new patients and new cosmetic patients is \$195. For new patients, this fee is due at the time of booking. This fee is non-refundable unless the office is notified within 90- days of the scheduled visit. It is the patient's responsibility to contact the office to obtain a refund.

Non-Covered Services: Some services we provide may be deemed not medically necessary by your insurance carrier or not a covered benefit by your specific policy, therefore, not paid by your insurance. Many cosmetic procedures we provide are not covered by insurance. The patient is responsible for payment at the time of service for all services not covered by insurance. If you

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are scheduled for a cosmetic consultation, you will be charged \$195 at the time of booking. If you do Botox or Dysport, touch-ups can only be done at no charge within 2 weeks of your treatment.

Laboratory Services: Some services, such as biopsies or surgery, require specimens be sent to a laboratory for processing. The patient may receive a separate bill from DermPath Diagnostics or another laboratory. The patient is responsible for payment for all laboratory services not covered by insurance.

Payment Arrangements: The Dermatology Institute of Boston, PC. may consider payment arrangements for those patients who need assistance in meeting their account obligation. The Dermatology Institute of Boston, PC. reserves the right to set the terms, conditions, and to charge interest for any payment arrangement.

Disability / FMLA / Other Forms: The Dermatology Institute of Boston, PC. will charge a twenty-dollar (\$20.00) fee for the completion of each form. Multiple forms are \$20.00 for each form. Payment is required prior to the completion of any form.

Credit Cards: The Dermatology Institute of Boston, PC. accepts Visa, Discover, American Express, and MasterCard. Other forms of payment accepted are debit cards, checks and cash. If a patient has an approved payment arrangement, monthly credit card debits are offered as an option for payment.

Returned Check Policy: The Dermatology Institute of Boston, PC. will charge a twenty-five-dollar (\$25.00) fee for each check returned by our bank for non-sufficient funds. As a courtesy, we will attempt to submit a check to our bank one additional time should the check be returned from the initial deposit.

Missed Appointment Fees: The Dermatology Institute of Boston, PC. may charge a fee for missed office visit appointments when the patient fails to give appropriate notification. A cancellation notice must be received 48 hours in advance of the scheduled appointment. A \$75.00 charge may be applied for failure to meet this requirement. Self-pay patients who late cancel within 48 hrs, or no-show their scheduled appointment 5 times or more, must place a non-refundable deposit of \$295 towards their next visit. If you no-show or cancel the appointment for which the deposit is placed, you will not receive this money back and must place a new deposit to schedule any future visits.

Late Fees: The Dermatology Institute of Boston, PC. may charge a seven dollar and fifty cent (\$7.50) monthly billing fee for delinquent accounts that are forty-five (45) or more days past due.

Interest Fees: The Dermatology Institute of Boston, PC. reserves the right to charge a monthly interest fee as defined by state law for delinquent accounts considered to be past due.

Collection Agencies: Should it become necessary for The Dermatology Institute of Boston, PC. to send a patient's account to a collection agency, the patient will be responsible for any and all fees associated with the collection effort of the account, to include reasonable attorney fees, court costs, collection charges and interest.

PATIENT ACKNOWLEDGEMENT and AUTHORIZATIONS

Authorization for Treatment: With your signature below, The Dermatology Institute of Boston, PC. is hereby authorized to conduct examination, perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable.

Authorization for Release of Information: With your signature below, The Dermatology Institute of Boston, PC. (and/or Strata in the case of laboratory services) is hereby authorized to release a complete report of services rendered, diagnosis, findings and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include authorized billings agents, insurance carriers, employer's workers compensation insurance company, other third party payers, the Social Security Administration under Title XVIII (18) of the Social Security Act, Professional Review Organizations or other intermediaries responsible for payment for services rendered. The release of information consent may be revoked at any time by giving written notice. If release of information is refused, the patient will be held responsible for payment of all charges for services rendered.

Authorization for Assignment of Benefits: In consideration of medical services provided, with your signature below, The Dermatology Institute of Boston, PC. (and Strata in the case of laboratory services) is given all rights, title and interest to the

185 Dartmouth Street • Suite 404 • Boston, MA • Telephone: 857.317.2057 • Fax: 857.317.2811

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medical reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefit including Medicare Part B. The patient will be fully responsible for payment of any and all charges not covered by insurance.

I have read this Financial Policy and Authorizations. I understand that there is no guarantee or assurance as to the results that may be obtained from any treatment. I understand the terms and conditions outlined herein as confirmed by my signature below.