



ORMOND BEACH DERMATOLOGY

OFFICE FINANCIAL POLICY

1. ***It is the patients responsibility to know if we are a participating provider*** (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all medical necessary charges for services rendered. ***As a courtesy*** we will bill primary and secondary insurance plans only. You will be responsible at the time of service for the payment of:
 - a. The annual deductibles
 - b. Copayments
 - c. Charges for non-covered or cosmetic services

In the event that we are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance carrier.

Cosmetic products may be returned within 30 days for credit towards another product or cosmetic service. No cash refunds will be given. Cosmetic service packages are to be paid in full at the time of the first treatment. No cash refunds will be given.

2. ***We are Medicare participating providers.*** We will bill Medicare and Medigap carriers. You will be responsible at the time of service for payment of:
 - a. The annual deductibles
 - b. Copayments
 - c. Charges for non-covered or cosmetic services

You will be asked to sign a Waiver of Liability Form in the event that a service is provided which we know is not covered by Medicare.

If you have Medicare as well as secondary coverage with a commercial plan that is not Medigap, or is an insurance company with which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance.

3. For non-Medicare patients who have insurance coverage with an insurance carrier with which we do not have a contractual relationship, please note the following:
 - a. We will file both your primary and secondary insurance. If we do not receive payment from your primary carrier within 60 days of filing, you will be billed for the entire amount. Payment is due 10 days after the receipt of the statement.
 - b. If you only have primary insurance (no secondary/supplemental coverage) you will be asked to prepay 35% of the entire bill. Any amount not paid by your insurance company will be billed to you. Please understand that since we do not have a contract with your plan, we are not obligated to adjust our charges based on your plan's coverage or benefits. The entire balance remaining after your primary carrier has paid will be billed you and is due and payable 10 days after receipt of the statement.

Your signature below signifies that you understand our policy and your responsibility regarding charges incurred at this office.

 X PATIENT SIGNATURE

_____/_____/_____
 DATE