

Palo Duro Dermatology, PLLC

Financial Policy

Effective 1 January 2019

Palo Duro Dermatology, PLLC is committed to providing you with quality care. As a patient of Palo Duro Dermatology, PLLC, you are financially responsible for all medical services. Your clear understanding of our financial policy is important to our professional relationship. Our office will be pleased to discuss our professional fees with you at any time.

Verification of Patient /Insurance Information

As a patient you are responsible for providing accurate and complete insurance information. At the time of scheduling your appointment, you will be asked to provide your insurance information. If we are providers with your insurance carrier, as a courtesy to you, we will file a claim with your insurance carrier. This is not a guarantee of payment.

Your health insurance is a contract between you and your insurance company. We are not a party to your contract. Therefore, Palo Duro Dermatology, PLLC cannot become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or “reasonable and customary” charges other than to supply factual information as necessary. You are responsible for timely payment of your account.

At check-in you will be asked to provide your insurance identification card, social security number, and state issued identification. This is for your protection as well as to ensure that no changes in coverage have occurred.

The adult accompanying a minor and the parents (or guardians of the minor) are responsible for payment at the time of service. For unaccompanied minors, non-emergent treatment will be denied unless charges have been pre-authorized or payment by credit or debit card, cash, or check at the time of service has been verified.

Referrals

If you have a health plan that requires a referral from your primary care physician it is your responsibility to obtain this information prior to your appointment. It is also your responsibility to verify that you do not exceed the number of authorized visits by your primary care physician/health care plan. If you exceed your authorized visits you will be billed for all services rendered. If you are unable to obtain a referral, your appointment will be rescheduled or you will be expected to pay for charges in full at the time of service.

Co-Payments/Deductibles/Co-Insurance

Co-payments, applicable deductibles and co-insurance amounts will be collected at the time of your visit. If you are unable to pay when you are here, a \$20.00 billing fee will be charged to you. In compliance with our contract with your insurance carrier, Palo Duro Dermatology, PLLC cannot discount/waive any co-payment, deductible and/or co-insurance amounts.

Cancellation/No Show Policy

We require a 24 hour notice to cancel or reschedule an appointment. Failure to do so will result in a \$50.00 "NO SHOW" charge. Failure to appropriately cancel or "No Show" for a medical procedure when additional time has been reserved for you will result in a \$75.00 fee. Appointment reminder calls are a courtesy. Should you not receive a reminder call and you miss your appointment, you will still be charged a "No Show" fee.

Cosmetic Procedure Policy

Upon scheduling a cosmetic procedure, it is our policy to either collect the balance of the expected procedure or secure a credit card number (which will not be charged until the procedure has been performed.) In the event you cancel with less than a 48 hour notice or you "No Show" for the appointment, one half of the procedure will be withheld or charged to your credit card.

Self-Pay/Non-Contracted plans/Non-Covered Services/Third Party Claims

Payment in full will be collected at the time of your office visit.

Medicare Patients

While we have opted-out of Medicare, we are pleased to see patients who are enrolled in Medicare on a cash-only basis. You will be required to sign a private contract with Dr. Roberts which stipulates that neither you nor Palo Duro Dermatology, PLLC may file a claim with Medicare or receive reimbursement for any services rendered.

Out of Network Patients

Any applicable deductible, co-payment, co-insurance, and non-covered services will be collected at the time of your visit. Please contact your insurance carrier for guidelines pertaining to your coverage.

Medical/Billing Records Requests/patient Document Requests

All records requests must be submitted in writing and must include a signed release from the patient. The fee for each of these requests is \$25.00, which is required prior to any records being released. All records requests will be processed within 5 working days from the receipt of payment.

Patient Balances

Any patient balance due after your insurance company has processed your medical charges will be billed to you and is due upon receipt. If the balance is not paid or payment arrangement established, your account will be forwarded to an outside collection agency within 90 days of the first billing statement. You will be responsible for any collection costs, attorney fees, filing fees and court costs if any past due balance is placed with an agency for collection or with any lawsuit or legal action. Upon arrival for any appointment, any outstanding balances due will be collected at check-in.

Methods of Payment

Our office accepts cash, check (with proper identification), and credit cards. To facilitate payment, you may wish to keep a credit card on file (CCOF). Please ask our staff for more information.

- I have received a copy of Palo Duro Dermatology, PLLC's Financial Policy, which I have read and understand.
- I understand that I am personally responsible for payment on my account.

- In the event my insurance company deems a service to be “non-covered”, I understand that I am personally responsible for payment.

Patient Printed Name & Date of Birth_____

Patient (Guarantor) Signature_____Date_____