

Raleigh Dermatology Associates, PA

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Payment required at the time of Service

Payment is required at the time of service. This policy applies to applicable and estimated deductibles and co-payments under your health insurance policy, provided we are in-network with your plan. If you do not have health insurance, we require full payment at the time of service. We require full payment for all non-covered services, including cosmetic services, at the time of service.

We accept cash, personal checks, Master Card, Visa, Discover, and American Express. There is a \$25 charge for returned checks.

Policy for Handling Insurance

Our office participates with many health insurance plans. These are listed on our website www.raleighdermatology.com. Because each plan is different, we may not have all the details of your insurance benefits. Some of your questions are best answered by a representative of your insurance company. If we are a network provider for your insurance company, we will submit the claim on your behalf.

When you come for your visit, please bring with you a current insurance card and a picture ID. If we don't have current insurance information, we automatically consider you a self-pay patient. After we have accurate information on your insurance eligibility and coverage, we will file a claim with your insurance company. In some cases, your insurance company may not cover the medical services that we provide or may determine that some of the services are not medically necessary. If either of these two cases arises, you are financially responsible for care that you received.

If we are a participating provider with your insurance plan, co-payment and/or deductible are due at the time of service. If we are not a participating provider, you are responsible for paying the out-of-network rates at the time of service.

Multiple Procedures during One Visit

If you are here for multiple procedures, the physician will determine whether or not to perform all of these procedures during the same office visit or to schedule them at a future date. We cannot guarantee multiple procedures on the same day of service. Your insurance company may have one co-payment for the office visit and a deductible for a procedure. In addition, if we provide a non-covered service during the same visit as a medical visit, then you will have two separate charges.

If the Patient is a Minor

A parent or legal guardian accompanying the minor is responsible for the payment of the patient's account regardless of who holds the insurance policy.

Unaccompanied minors can be denied non-emergency treatments until a parent or legal guardian is present or until such time as we receive written permission for the treatment and payment of the account. Unaccompanied minors must provide all co-pays and other payments on day of service.

We require that all minors be accompanied by a parent or legal guardian for the initial visit. Following that first visit, we will see minors without a parent or guardian if the parent or guardian has provided written permission.

Refunds

If an overpayment is made on your account, we will process refunds no later than the 15th of the month following the month in which we received the overpayment. If your treatment is ongoing, at your request, we will apply the overpayment to any future balances.

Collection Agency

Patients with an outstanding balance of more than sixty (60) days old must make arrangements for payment prior to scheduling future appointments. If payment arrangements are not made and the account is more than ninety (90) days delinquent, the account may be turned over to a collection agency.

Missed Appointments/ Late Cancellations

If you need to cancel an office visit, please notify our office no less than 24 hours ahead of the appointment time so we can reschedule. If you need to cancel a surgical appointment please notify our office 48 hours in advance. If you fail to keep two appointments or cancel without proper notification, there will be a \$50 fee for regular office visits or a \$75 fee for surgical appointments. If you are unexpectedly delayed, please contact our office.

If you need to make special payment arrangements, please let us know prior to your examination. We will accommodate your needs to the best of our ability.

I understand and agree to these policies

Signature

Date