



## FINANCIAL POLICY AND AGREEMENT FOR PINNACLE DERMATOLOGY, SC

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. The following information outlines your responsibility related to payment and appointment reservation for professional services. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

**Insurance:** At each visit we must verify your current insurance. If we are unable to verify insurance coverage, you will be responsible for the total visit amount at the time of service. Please contact your insurance company directly with any questions you may have regarding your benefits and coverage.

**Co-payment:** A copayment is a dollar amount set by your insurance company which you are responsible for at each visit. Some insurance plans may also have a coinsurance, in which you may be responsible for a percentage of healthcare costs in addition to your copay or deductible. All co-payments must be paid at the time of service. We accept cash, check, Visa, MasterCard, American Express, Discover, and third-party payment services (i.e. Care Credit and CommerceCare).

**Deductible:** An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay. Payment will be due at time of service if your deductible has not been met.

**Co-Insurance:** Is the percentage of responsibility that you must pay after your deductible is met and is applied to your maximum out of pocket balance. Most insurance plans state, once your maximum out of pocket balance is met, your insurance plan will pay 100% of your medical expense.

**Credit Card on File:** For any prearranged payment plans or payment plans, Pinnacle Dermatology, SC will keep credit cards on file (CCOF). We do not keep any credit card information on file in the office or on any of our computers. We use a secure, encrypted gateway that is compliant with applicable law. We must have a signed authorization on file to charge your credit card. This program expedites the checkout process and enables us to process refunds on your account efficiently.

**Non-Payment:** All balances over \$100 and not on a payment plan and 270 days past due, will be referred to an external collection agency with a 30% collection fee added. This will need to be paid in full along with the past due balance to schedule future appointments with Pinnacle Dermatology, SC. The collection vendor may report your delinquency to a credit bureau and may file litigation in efforts to collect the total balance due. Any litigation fees will be applied to the collection balance. For balances greater than \$500 and 90 days past due, patient must settle the outstanding balance through one of the following before an appointment can be scheduled: payment in full including patient financing options through CommerceCare or CareCredit or resolve the balance greater than \$500 and accept a payment plan for the remaining balance only if patient does not qualify for patient financing solutions.

**Returned Checks:** Pinnacle Dermatology, SC will charge a \$25 fee for any returned checks.

**Self-pay:** Patients who do not have insurance coverage are considered self-pay. Payment in full for services provided are due at the time of service for self-pay patients. \*SRT exception per SRT policy.

**Missed Appointments:** If you are unable to keep your appointment, please notify our office at least 24 hours in advance. Failure to provide 24 hour notice will result in a no-show charge and will be collected to the extent permitted by law or applicable payor contracts. The no-show fee is \$50 for a Monday-Friday regular medical visit, \$100 for Saturday appointments and \$250 for a surgery-related appointment (regardless of day scheduled). In addition, the no-show fee is \$99 for a cosmetic consultation and \$250 for a cosmetic procedure. Patients with repeat cancellations or missed appointments may be discharged from our practice at our discretion.



**Dismissal from Practice:** Please note that noncompliance with treatment plans (including medications and/or lab work), non-payment of charges owed (to the extent permitted by law or applicable payor contracts) and abusive/inappropriate behavior towards staff and/or other patients may result in dismissal of your care from our practice.

**Cosmetic Services (services that are not medically necessary):** Patients are responsible for all cosmetic procedure fees at the time of service. We do not bill insurance companies for cosmetic procedures. The cost of any procedure will be a separate fee from an office visit or consultation fee.

**Laboratory and Pathology Fees:** It may be necessary to obtain a tissue sample (biopsy) or perform lab tests to confirm a diagnosis or determine a course of treatment. Pinnacle Dermatology, SC has pathologists who perform the slide preparation and interpretation of our patients' biopsy specimens. Fees associated with this service are separate from the procedure performed by your treating provider. You may receive an additional bill for lab services that are not paid by your insurance. Depending on specific factors, your provider may send the specimen to an outside lab for slide processing and interpretation. In those instances, you or your insurance will receive a bill from the outside lab. If you have identified as "self-pay," you shall be responsible for all fees related to processing and interpreting your specimen (including, but not limited to, special staining).

**Referrals and Preauthorization:** If your insurance company requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain one. If the referral is not sent to us prior to your scheduled appointment, you may be asked to reschedule the visit until we have a valid referral on file. It is also your responsibility to obtain preauthorization for services if required by your insurance company and to ensure that your PCP is listed correctly with your insurance company. If we do not receive documentation of preauthorization or the PCP is not correct at the time of service, you will be responsible to pay for the cost of services rendered if your insurer denies the claim.

**Treatment of Minors:** Patients under the age of 18 must be accompanied by a parent or legal guardian to their first appointment to meet the clinician and complete all necessary paperwork. A signed authorization from the parent or guardian allowing our clinician to provide medical treatment is required for subsequent visits. All co-pays or monies due are expected to be paid at the time of each service.

**Determining Guarantor:** The guarantor is the responsible party held accountable for this patient's bill. The guarantor is always the patient if they are over the age of 18 (although this may vary from state to state). The guarantor for a minor child is the parent that presents the child for care at the time of the initial visit.

*I have read and understand the Financial Policy and agree to its terms.*

Signature of patient or legal representative: \_\_\_\_\_

Printed name of patient or legal representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Date: \_\_\_\_\_