



## FINANCIAL POLICY

Dear Patient, Parent or Guardian,

Thank you for choosing Adult & Pediatric Dermatology, p.c. (APDerm®) as your health care provider. We ask all patients to read and sign our financial policy. If you have any questions or concerns about our payment policies, please contact our billing department at (978)371-7010, press 3, press 2.

As with any physician's office, any charges you incur at APDerm®, which are not paid by your insurance carrier, will be your sole responsibility. We understand the high cost of health insurance and we want to help you receive the benefits to which you are entitled. Your insurance policy is a contract between you and the insurance company. Our office cannot guarantee coverage for any service provided by our office because insurance companies will not guarantee benefits until they receive the claim for services. If you are unsure of your coverage benefits, call the customer service number on your insurance card.

Managed care plans (HMO's and some PPO's) require referral authorization for each visit or service from your Primary Care Physician. You are required to ensure that your referral is in place prior to your visit. If a referral is not in place upon check-in, you will be asked to sign a waiver stating that you are aware that your insurance may not cover the visit and you may be billed for the complete cost of the visit.

If you present an insurance card to us that is your secondary insurance and we do not accept it, you will be responsible for all outstanding balances that your primary insurance does not cover. This could include co-payments, deductibles and co-insurances. Lab tests and/or pathology specimens sent to outside laboratories will be billed separately from APDerm's charges. The laboratory/pathology company will bill your insurance carrier for their charges.

Payment for co-payments, outstanding balances, cosmetic procedures and products is expected at the time of service. Claims rejected by the insurance carrier are the financial responsibility of the patient or the parent/guardian of the patient. If the account becomes past due there will be an additional \$10 processing fee for going to collections. Please note that there is a \$25 fee for returned checks. We understand that temporary financial problems may effect timely payment of your balance. We encourage you to communicate any such problems so that we can assist you in the management of your account.

Please call well in advance to cancel or reschedule appointments. We reserve the right to charge for missed appointments in the range of \$50 to \$100 per visit when not cancelled 24 hours in advance.

Patients that have questions regarding our financial policy should contact our billing manager at (978) 849-7505. Please be advised that patients who refuse to sign that they have received and accepted our financial policy will not be seen.

We appreciate your trust in us and we appreciate the opportunity to serve you.

In a continuing effort to give you the best possible care and to efficiently manage our medical practice, we have implemented a new service that gives you several convenient ways to make payment.

**1. Pay at the Time of Service**

- a. Copay**
- b. Self-Pay**

We accept all forms of payment including cash, check, credit card (Visa, MasterCard, Discover and American Express) or debit card.

**2. Balance Billing**

We will bill your insurance company and send you a statement for the balance. Payment is due upon receipt. If the account becomes past due there will be an additional \$10 processing fee for going to collections. There is a \$25 fee for returned checks.

**3. Credit Card on File**

You will be asked to sign an agreement authorizing our practice to charge you later, after your insurance company has paid its portion and provided the exact amount you owe. Charges will never be more than the amount you authorize. All credit card information is securely stored and encrypted once entered into our system.

**4. Payment Plan**

If you cannot pay your entire balance in full, payment arrangements can be made. We will work with you to create a payment plan that fits within your budget using a credit card or check to pay in increments. There is a \$25 fee for returned checks.

**Benefits to You**

- Eliminate the time and expense of writing checks, mailing and postage, as well as freeing you from dealing with periodic statements or phone calls
- Convenient and flexible payment options that save you time, hassles and money
- Payment plans that help you afford and manage the cost of needed treatments

We appreciate your cooperation as we strive to make our patient billing process more efficient.