

Adult & Pediatric Dermatology of Tullahoma, PC

Financial Policy (Revised May 2014)

Dear Patient:

Due to the reduction in reimbursements from Medicare and insurance companies, and the cost of balance billing, we must ask you to pay your part at the time of service. Your cooperation and understanding are greatly appreciated.

If you are a Medicare patient, please read the following paragraph:

We will bill Medicare directly for 80% of the bill. You are responsible for the remaining 20% of the allowable charges, as well as your annual deductible, which varies from year to year. Please advise the staff if you have met some or all of your annual deductible. You will be expected to pay 20% of Medicare's approved amount (your co-payment) and any unmet deductible, and all non covered services at the time of your office visit. If you have a secondary insurance carrier, we will, as a courtesy, file your claim and you will not have to pay the 20%.

If you are a patient with an insurance plan in which we participate, please read the following paragraph:

You will be expected to pay for non covered services, and for any percentage responsibility you have under your plan, at the time of service. If you are enrolled in a Managed Care plan that requires a co-payment, you must prepay before being seen. We ask that you cooperate with this policy since it is costly to bill you for this small amount. If you are unable to do so on the day of the appointment, your visit will be rescheduled. In addition to the co-payment, some plans also have an annual deductible. If you have not met your annual deductible, you are required to pay this at the time of service. Your payment in full at the time of service is expected and appreciated. Visa, MasterCard, Discover and American Express are accepted for your convenience. Since we do not know ahead of time what your carrier charges for our services, we will refund you the difference immediately upon receipt of the insurance payment. Please keep in mind that insurance carriers frequently notify patients of payments made to the physician before they actually pay the provider of care. Be assured that once a payment is received, a refund will be made if appropriate.

If you are a patient with an insurance plan in which we do not participate, please read the following paragraph:

We realize the cost of medical services may exceed what you are able to pay for during your office visit. We are happy to file to your carrier for reimbursement of the cost of care incurred by your visit. However, the following issues need to be addressed and understood by you. Because we are a small office with limited staff and resources, we cannot verify your coverage and status of your annual deductible. Therefore, you are required to pay the total bill today. Visa, MasterCard, Discover and American Express are accepted for your convenience.

If you are an uninsured patient paying with cash, please read the following paragraph:

We realize the cost of medical services may exceed what you are able to pay for during your office visit. However, you are required to pay the total bill today. Visa, MasterCard, Discover and American Express are accepted for your convenience.

All patients please read the following paragraphs:

In the event that there is a balance due after your insurance carrier has paid its portion, you will receive a bill. Any balance left that is uncollected at time of service is expected to be paid in full within 90 days from the first statement date. If a payment arrangement is needed before the 90 days, please call our office. We will split the balance into three equal payments so that it will be paid within 90 days. Please note, we send only three bills. Thereafter, no further bills will be sent and the account will be turned over to a national collection service without prior warning. Again to avoid this, please pay your bill promptly after you receive your first statement. Failure to pay your balance in full within 90 days will result in an official notification by mail that you have been dismissed from our clinic. At that point you may sign a release of medical records to send to your new dermatologist

If you do not understand the reason you owe a balance, please do not hesitate to contact our office. Our staff will explain the balance to you and answer any questions you may have. Our staff is dedicated to working with you and your insurance carrier. Patients, however, also have a responsibility regarding their coverage. We appreciate your assistance in working with our staff. Please sign below and return this to our staff. Thank you.

I have read the above and I understand my obligations.

Signature of patient (or legal guardian)

Date signed