



# VALLEY DERMATOLOGY SPECIALISTS

## Valley Dermatology Specialists (VDS) Financial Policy and Procedures

This Financial Policy ensures that our patients know the division of responsibilities and expectations between them and us. This level of communication is essential for establishing and maintaining a strong patient/practice relationship.

### **Patient Responsibilities**

1. To know and understand the terms, guidelines, and limitations of their insurance plan including their co-payment, co-insurance, and deductible.
2. To provide proof of insurance (Driver's License and Insurance Card) before seeing a physician. You are required to present this information at every visit.
3. To pay any and all verified deductibles, coinsurance, and copays at the time of service.
4. If your insurance requires a referral, it is your responsibility to provide the referral prior to your visit.

### **Payment Collection and Non-Payment Policies**

VDS accepts cash, debit cards, and credit cards.

#### *1. Self-Pay Patients*

You are responsible for the entire amount of the bill at the time of service. Rates for self-pay patients are discounted at the Medicare rates. If you do not pay the discounted rate at time of service, you are subject to pay at the full rate. The patient agrees to pay the balance in full by the end of the day.

#### *2. Patients with Insurance*

You are responsible for all deductibles, coinsurance, and copays at the time of service. We will work to provide an estimate of your final amount owed at the time of your appointment. If additional is owed, we will attempt to notify you via phone and charge your credit card on file. The patient agrees to pay balance in full by the end of the day.

### **Credit Card on File Notice**

Valley Dermatology Specialists utilizes a convenient payment policy using a credit card or debit card held on file. As you may be aware, every year insurance companies are increasing co-payments, co-insurance, and deductibles, which transfers additional cost to the patient. To make managing payments easier for you and our staff, a credit card or debit card will be held at time of check-in. This is to ensure that patient balances are paid in a timely manner. The benefit to you is that you will not have to worry about statements and mailing in payments. Having a credit card on file will make check-in and check-out easier, faster, and more efficient for our patients. Your card information will be held securely and used if there is any remaining balance after your visit with Valley Dermatology Specialists.

Our office personnel will not have access to your card information. Our electronic health record stores credit card information via PayJunction, a secure credit card processor. Only the last 4 digits of your card will show in our system.

**Credit Card on File may be used for:**

1. Copayments – When you come into the office, you may elect to use your credit card on file or another form of payment accepted by our office, if preferred.
2. Deductibles – Your card on file will be used to settle any deductible amount due. Valley Dermatology Specialists strives to provide you with an accurate estimate based off of your insurance company and coverage and charge this fee to your at time of check-out. If Valley Dermatology Specialists under collects this amount, we will call you to notify you the credit card on file will be used to settle the remaining balance.
3. Co-insurance – your card on file will be used to pay your percentage not covered by insurance. For example, if your insurance covers 90% of your total amount due, the remaining 10% balance is to be paid at the time of check out.
4. Outstanding balances – if your account has a previous outstanding balance for any reason, your credit card on file will be used to settle that outstanding balance. We will provide a courtesy call to let you know there is an outstanding balance on your account and that we will process it with your credit card on file.

By signing this form you hereby authorize Valley Dermatology Specialists to bill your card on file and process any outstanding amounts as described above. Receipt of any transaction will either be forwarded to the home address in our files or emailed to you.

**No Show or Cancellation Fee**

We strive at Valley Dermatology Specialists to maintain a well-balanced schedule and provide each patient with the time needed for their medical concern. As such, there is a **\$50 charge** applied to your credit card on file for cancelling your appointment with **less than 24 hours' notice** or for not showing to your appointment. For Monday appointments, your appointment must be cancelled by noon on Friday. For surgery patients, this fee is **\$100**.

**Surgery deposit Fee**

All surgical appointments at Valley Dermatology Specialists require a **\$100 deposit** to hold your appointment. This fee will be applied to your final owed amount. If nothing is owed at the time of your visit, this amount will be refunded to you on the day of your surgery.

**Cosmetic Fees and Products**

All product sales and cosmetic charges are final in the office (no exchanges or returns allowed).

**Pathology and Lab Fee**

Surgical procedures and biopsies will result in the physicians at Valley Dermatology Specialists sending your tissue sample to an outside lab for a diagnosis by a pathologist, who is not directly affiliated with the office. This is necessary for your medical care and for an accurate diagnosis and treatment plan. There will be a charge

for the physician performing the biopsy or surgery at Valley Dermatology Specialists and another for the pathologist at the outside facility. Valley Dermatology Specialists' billing team is not affiliated with this outside lab and it is my responsible to determine my level of coverage and/or payment for these services. The physicians at Valley Dermatology Specialists may also order lab work as part of your ongoing medical treatment. Lab work will be performed at an outside lab such as Quest or LabCorp. It is the patients' responsibility to determine their level of coverage and/or payment for these services.

**Other procedures**

There may be outside fees for procedures associated with your visit that are not covered by your co-pay or co-insurance. This includes biopsy of skin lesions, treatment of lesions with cryotherapy or canthacur, intralesional or intramuscular injection of medication, electrodesiccation and curettage, excision, and Mohs surgery. Cosmetic treatment of skin lesions is not covered by insurance under any circumstance. Payment of all of these services is due at time of procedure.

By signing below I acknowledge that I have read and fully understand and agree to the Valley Dermatology Specialists Financial Policy and, specifically authorize the credit card or debit card charges incurred in connection therewith with the credit card or debit card information that I authorize to be on file with VDS.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

(if a minor, parent/guardian authorizes and signs on behalf of \_\_\_\_\_ **(name of minor)**)

### **Patient's Responsibility for Calling Regarding Laboratory Results**

At Valley Dermatology Specialists, your health care is our first priority. It is very important that you receive all of your laboratory results including biopsy results, blood work, and culture results in a timely manner.

It is standard procedure for our office to notify our patients either by phone or mail regardless of the results. However, in the unlikely event that you have not been informed of your results, we ask that you call our office to follow-up.

By signing below, I acknowledge that I am taking responsibility for calling the office in order to follow-up on my biopsy results or other laboratory results in the unlikely event that I have not been notified of them in a timely manner (i.e., within two weeks for biopsy results and one week for blood work and culture results).

Thank you for trusting your dermatological needs to Valley Dermatology Specialists.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

(if a minor, parent/guardian authorizes and signs on behalf of \_\_\_\_\_ **(name of minor)**)