

University Dermatology Center
FINANCIAL POLICY

If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance and your understanding of our financial policy.

- Co-payments for office services are required at the time you register.
- As a courtesy, we will process and file your insurance claims for services at no cost to you.
- For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out.
- Returned checks are subject to a handling fee of \$25.00. In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved in that process.
- **All payments, co-payments, and deductibles are due at the time services are rendered.** For your convenience we accept cash, checks, Visa, and MasterCard.

You must realize that:

1. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We encourage you to contact your insurance carrier personally in order to remain informed of your benefits. It is important that you educate yourself about your individual insurance benefits. **Some policies have deductibles for surgical procedures. The insurance companies consider procedures like cryosurgery (freezing with liquid nitrogen), removal of moles, or other small procedures as “surgery”. If you have a surgical deductible that has not been met and have one of these procedures, you will be responsible for the payment.**
2. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover or which they may consider medically unnecessary, and, in some instances, you will be responsible for these amounts. **Our office can NEVER 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, contact customer service at the number listed on your insurance card.
3. **Usual and Customary Rates** We are committed to providing the best treatment for our patients and we charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance company uses a different fee schedule, you will be responsible for any balance remaining.
4. Note: All laboratory tests, injections, venipunctures, procedures, or any testing that is not included as part of an office visit will result in additional expenses.

Please help us better serve you and our other patients by keeping all scheduled appointments. If you must change an appointment, please do so within 24 hours of the appointment time. The charge is \$10.00 for any missed appointment. This fee is not covered by insurance so it will be your personal responsibility.

We will allow you 90 days to pay any balance remaining after insurance payment. For any balances over \$500.00, our staff will make arrangements for you to make monthly payments over an approved term. If your account is not paid off in 90 days, your account will begin to accrue interest at the rate of 2%. UDC also offers a financing program called CareCredit which offers 0% financing for 1 year. If you have any questions about the above information, or any uncertainty regarding your insurance coverage, please do not hesitate to ask us. We are here to help you.

PLEASE READ THE ABOVE CAREFULLY BEFORE SIGNING. By signing below, I acknowledge that I have read and understand this policy.

Signature: _____
(Patient and/or Responsible Party)

Date: _____