

Payment Policy

Thank you for choosing Paradise Dermatology as your Dermatology provider. We are committed to providing you with high-quality, affordable dermatologic care. Please carefully review this payment policy.

Understanding your financial responsibility is essential in establishing and maintaining a solid patient/practice relationship. In order to achieve this, we offer the following information regarding our insurance and financial policies.

- Your insurance is a legal contract between your insurer and you. You are responsible for knowing and understanding your plan's terms, guidelines, and limitations.
- You are responsible for advising us of any changes in your insurance, address, or employer. *If current information is not obtained at the time of service (on the date of your appointment), you are responsible for paying, in total, the charges for the services provided. When your insurance information is provided, verified, and paid for by the insurance company, you are eligible for a refund of the cost of services minus out-of-pocket costs in your individual benefits contract.*
- As a courtesy, we will verify your benefits with your insurance company. *If we cannot verify your insurance plan at the time of service, you are responsible for paying, in total, the charges for the services provided on the day of your appointment.*
- A quote of benefits is not a guarantee of benefits or payment. Your claim is processed based on your individual plan benefits.
- Each insurance benefit plan has different coverage options, copays, deductibles, coinsurance, and non-covered services. You are responsible for paying out-of-pocket costs not covered by your benefit plan *at the time of service.*
- We have financing options available with CareCredit or payment plans organized through our billing office.

Card on File

Paradise Dermatology's policy is for our patients to provide a credit card to be held on file to process copays, deductibles, coinsurances, and non-covered services. You are responsible for providing your credit card information *at your first appointment.* If you decline to provide a card on file, you are expected to pay, in total, via credit card or in cash, for services rendered on your appointment date. This includes but is not limited to, copays, deductibles, co-insurance, non-covered services, and cosmetic or cash-pay services. We accept Mastercard, Visa, Discover, or American Express.

Insurance - Participating Plans

We participate with Medicare and some Commercial Insurance plans and will submit claims for payment on your behalf. You are responsible for calling your insurance company with questions regarding your coverage, benefits, referrals, authorizations, etc.

There may be times when the coverage of your services is dependent upon medical necessity documentation. For these instances, we require a signature on an Advance Beneficiary Notice (ABN) for Medicare Plans and a Notice of Medicare Non-Coverage (NOMC) for Medicare Advantage or Commercial Insurance Plans. Payment is expected at the time of service; however, if the insurance plan pays for the services, we will issue a refund once payment from the insurance company has been received.

Insurance - Non-Participating Plans or the Uninsured

If you have an insurance plan we do not participate with or are uninsured, you are expected to pay for services in full at the time of your appointment. To ensure access to care for all patients, we accept CareCredit payments and can arrange Care Credit enrollment through our billing office.

Proof of Identification and Insurance

All patients will complete information forms prior to seeing a provider. Please have your driver's license or other government-issued picture ID with you for your appointments. We also require your insurance card to be present at the time of your visit. Failure to provide an ID may result in rescheduling your appointment for another time when your picture ID is available. Failure to provide an up-to-date insurance card at the time of service will result in payment in full for services rendered collected on the date of your appointment.

Claims Submission

As a courtesy, we will submit claims to our participating insurance plans for you. All copays, deductibles, co-insurances, etc., must be paid at the time of service.

For non-participating insurance plans, payment in full is expected at the time of service. You will work with your insurance plan to submit your claim, and your insurance plan will pay you directly. There will be times when your non-participating insurance plan does not cover the entire cost of your office visit. Paradise Dermatology is not responsible for refunding or covering the cost of the difference from your non-participating insurance plan.

Referrals

If your insurance plan requires a referral from your Primary Care Provider, the referral information must be present at the time of your appointment. You are responsible for ensuring delivery of the referral to Paradise Dermatology before your appointment time and date. Your PCP office may fax us the information, or you may hand-carry the referral documentation with you to your appointment. Patients without a referral will be rescheduled to a date when the referral is available or may elect to pay in full for services rendered without submitting a claim to the insurance company (self-pay option).

Changes in Coverage

You are responsible for informing Paradise Dermatology of changes in coverage, address, phone numbers, employment, etc., as soon as this new information is available. Rejected claims submitted to out-of-date insurance policies, inactive policies, etc., or due to incorrect information provided to the practice become the patient's financial responsibility and will be billed accordingly.

Minors

A parent or legal guardian must accompany all patients under the age of 18 to authorize treatment and financial payments. If the custodial parent or guardian present does not provide insurance coverage for the minor being seen, we will submit the charges to another parent's/guardian's insurance; however, the parent presenting the child for care will pay the balance not covered by the insurance at the time of service. Any patient over the age of 18 will be held financially responsible for all charges incurred.

Medical Records

Copies of your medical records and pathology reports are available to you at no cost through the Patient Portal or APPatient. You may download, print, copy, and transmit your records electronically to a provider of your choice. To have medical records sent to another provider, a signed "Medical Release" form must be on file for each individual provider to whom records will be sent. Additional medical records and/or completion of medical forms (disability, life insurance, cancer policies, etc.) will be subject to processing fees determined by state law and contractual agreements. It is essential to understand medical records or forms requests cannot be processed the same day they are requested. For immediate access to your medical records, please utilize the Patient Portal or APPatient.

Pathology Fees

Paradise Dermatology utilizes dermatopathology labs that participate with your insurance plans. We will send specimens to these labs based on your insurance coverage. If your participating insurance plan does not cover pathology services 100%, you will receive a bill from the dermatopathology lab. You are responsible for rendering payment to the laboratory and contacting them with questions about your pathology billing.

If you have a non-participating insurance plan or are uninsured, you will receive a bill for pathology services from the laboratory. You are responsible for rendering payment to the laboratory and contacting them with questions about your pathology billing.

The providers of Paradise Dermatology reserve the right to utilize dermatopathology laboratories deemed the highest quality. We will abide by your participating insurance plans; however, if a different non-participating lab is needed due to a complex diagnosis, you will be responsible for rendering payment to the laboratory and contacting them with questions about your pathology billing.

Returned Check Fee

A fee of \$150 will be added to your account balance in addition to the amount of the returned check for insufficient funds. The total must be paid by cash or credit card within 14 days to avoid non-payment processes or collections.

Cosmetic Services

A downpayment of 50% is expected to be collected at the time of booking an appointment on all cosmetic services, except for neurotoxins. Payment in full for cosmetic services is expected on the date of the appointment. For patients who choose to finance their cosmetic services, we participate with CareCredit. Please schedule an appointment with a cosmetic coordinator for quotes on cosmetic services.

Non-Payment

Payment is due upon receipt of services. If your account is more than 30 days past due unpaid balances will be subject to an interest charge of 18%. Accounts more than 30 days past due may be subject to collections.

Missed Appointments (No Shows)

All dermatology appointments must be canceled with a minimum of 24 hours advance notice. Canceling an appointment in less than 24 hours or not showing up for an appointment will result in a \$50 fee applied to your account. Emergency issues preventing you from canceling within 24 hours or showing up for your appointment will be considered on a case-by-case basis.

Cancellation of cosmetic services must occur within a *three (3) business day* minimum advance notice. Downpayments of 50% of cosmetic services can only be returned if the cancellation of the cosmetic appointment occurs within *three (3) or more business day advance notice*. For appointments where consumable materials must be prepared prior to the visit and the appointment is not canceled within *three (3) business days*, minimum advance notice will result in costs of the consumable supplies assessed to the patient account.

Paradise Dermatology is committed to providing our patients with the highest-quality, affordable care. To prevent service interruptions, please follow this payment policy. We look forward to a long-lasting relationship with you and your family.

I have read and understood the Payment Policy and agree to abide by its guidelines. I understand failure to do so will result in additional out-of-pocket expenses for which I will be responsible.

Signature of patient or responsible party

Date