Associates in Dermatology of Traverse City
Office and Financial Policy

Welcome and thank you for choosing **Associates in Dermatology of Traverse City** for your dermatology care. We are committed to providing you with the highest quality medical care, in an efficient, timely and cost-effective manner. We hope that by providing you with our policies in advance we can prevent any misunderstandings or frustration at the time of your visit.

Insurance: We participate with Medicare, Medicare plus Blue PPO, Blue Cross Blue Shield, Blue Care Network, Blue Care Network Advantage, Priority Health, Priority Health Medicare and Tricare. **Your co pay and deductible are expected at time of service. With other insurances, we are a non-participating provider.** As a service and courtesy to you, we will bill your insurance company, but **you will be responsible for payment in full at the time of service**. Each plan has its own stipulations regarding the coverage of, and payment for, medical services; therefore it is your responsibility to know your plan's benefit policies, prior to your appointment. In order for us to file your insurance, we must have a current copy of your medical insurance card along with all required information. If this is not provided within 48 hours of your appointment you will be responsible for the full amount of your visit. If your insurance(s) does not respond or pay your claim within 90 days, the full balance will become the patient/guarantor's responsibility.

Disputes: We will not become involved in disputes between you and your insurance company regarding coverage and/or policy benefit criteria i.e. deductibles, non-covered services, co-insurance, coordination of benefits, pre-existing conditions or "reasonable and customary charges", etc. other than to supply factual information when necessary for plans with which we participate.

Non-covered Services: If you are coming in for a non-covered service or cosmetic procedure, please be prepared to **pay for the service in full**. Cosmetic procedures may include laser treatment, skin tag removal, chemical peels, BCA, cosmetic injectables and cosmetic removal of benign growths.

NO SHOWS and Late Cancellations: We require a 24 hour advance notice if you must cancel your appointment. We do understand illness and inclement weather can occur, causing shorter notice without penalty. Each patient is allowed one NO SHOW without penalty. **With the second NO SHOW you will be charged $75, this will need to be paid in full prior to scheduling another appointment. Cosmetic procedures and scheduled surgeries that are a NO SHOW will automatically be charged $150; even if there have been no other NO SHOW appointments.**

Statements: Statements will be mailed monthly and are due immediately upon receipt. Please keep your account current to avoid any misunderstandings. Any account over 90 days that has not had a satisfactory payment arrangement made, will begin the collection process. If the balance remains unpaid for an additional 30 days you will be prohibited from scheduling future appointments until paid in full.

Minors: The parent(s) or guardian(s) must accompany a minor for the first visit to our office. The parent(s) or guardian(s) are responsible for providing current insurance information for the minor and/or payment in full for services provided. The parent(s) or guardian(s) must sign an authorization form for medical treatment before treatment can be rendered.

Other healthcare providers: You will receive separate billing from other professionals if you had any lesions removed (professionals could include Munson Hospital, lab and/or pathologist). If you have questions about bills from other providers, please contact them or their billing service directly.

Miscellaneous fees: There are various miscellaneous fees that you may be responsible for:

- $25 NSF fee (returned checks)
- $25 fee for letter/form requested by patient (creation, typing, proofing and mailing)
- $25 Medical records fee

HIPAA: You will be asked to sign a HIPAA authorization on your first visit to this office. We have an updated form effective since September 2013, please make sure you have signed an updated form.

Prescriptions: You prescriptions will be ePrescribed or faxed to the pharmacy of your choice on the day of your visit. Authorized refills will be honored within 24-48 hours.

If you have any questions about these policies, please feel free to ask the office for clarification.

PATIENT CONSENT FOR USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION

With my consent, Associates in Dermatology of Traverse City may use and disclose protected health information (PHI) about me to carry out treatment, payment and healthcare operations (TPO). Please refer to Associates in Dermatology of Traverse City's Notice of Privacy Practices for a more complete description of such uses and disclosures. I have the right to review the Notice of Privacy Practices prior to signing this consent. Associates in Dermatology of Traverse City reserves the right to revise its Notice of Privacy Practices at anytime. A revised Notice of Privacy Practices may be obtained by forwarding a written request to Associates in Dermatology of Traverse City Privacy Officer at 3643 West Front Street, Suite A, Traverse City, MI 49684.
With my consent, Associates in Dermatology of Traverse City may:

1. Call my home or other designated location and leave a message on voice mail, in text or in person to reference any information that assists the practice in carrying out TPO, such as appointment reminders, insurance items and any call pertaining to my clinical care, including and not limited to, pathology and laboratory results.
2. Mail to my home or other designated location any items that assist the practice in carrying out TPO, such as appointment reminder cards and patient statements.
3. I have the right to request that Associates in Dermatology of Traverse City restrict how it uses or discloses my PHI to carry out TPO
4. By signing this form, I am consenting to Associates in Dermatology of Traverse City's use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent. If I do not sign this consent, Associates in Dermatology of Traverse City may decline to provide treatment to me.