



FINANCIAL POLICY FOR PINNACLE DERMATOLOGY, SC

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial policy is important to our professional relationship. The following information outlines your responsibility related to payment and appointment reservation for professional services. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

Insurance: At each visit we must verify your current insurance. If we are unable to verify insurance coverage, you will be expected to pay at the time of service. It is your responsibility to know your benefits. Please contact your insurance company directly with any questions you may have regarding your coverage.

Co-payment/Co-insurance: A copayment is a dollar amount set by your insurance company which you are responsible for at each visit. Some insurance plans may also have a coinsurance, in which you may be responsible for a percentage of healthcare costs in addition to your copay or deductible. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company and are determined by your insurance. We accept cash, check, Visa, MasterCard, American Express, Discover and Care Credit.

Deductible: An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay. Payment will be due at time of service if your deductible has not been met.

Credit Card on File: For any prearranged payment plans, Pinnacle Dermatology, SC will keep credit cards on file (CCOF). We do not keep any credit card information on file in the office or on any of our computers. We use a secure, encrypted gateway that is completely compliant as required by law. We must have a signed authorization on file to charge your credit card. This program expedites the checkout process and enables us to process refunds on your account efficiently.

Laboratory and Pathology Fees: It may be necessary to obtain a tissue sample (biopsy) or perform lab tests to confirm a diagnosis or determine a course of treatment. Pinnacle Dermatology, SC has pathologists who perform the slide preparation and interpretation of our patients' biopsy specimens. Fees associated with this service are separate from the procedure performed by your treating provider. You may receive an additional bill for lab services that are not paid by your insurance. Depending on specific factors, your provider may send the specimen to an outside lab for slide processing and interpretation. In those instances, patients or their insurance will receive a bill from the outside lab. Any patients who are identified as "self-pay" shall be responsible for the fees related to interpreting such patient's specimen (including, but not limited to, special staining).

Referrals: If your insurance company requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain one. If the referral is not sent to us prior to your scheduled appointment, you may be asked to reschedule the visit until we have a valid referral on file. It is also your responsibility to ensure that your PCP is listed correctly with your insurance company. If the PCP is not correct at the time of service, you will be responsible to pay for the cost of services rendered.

Treatment of Minors: Patients under the age of 18 must be accompanied by a parent or legal guardian to their first appointment to meet the clinician and complete all necessary paperwork. A signed authorization from the parent or guardian allowing our clinician to provide medical treatment is available for subsequent visits. All co-pays or monies due are expected to be paid at the time of each service.

Determining Guarantor: The guarantor is the responsible party held accountable for this patient's bill. The guarantor is always the patient if they are over the age of 18 (although this may vary from state to state). The guarantor for a minor child is the parent that presents the child for care at the time of the initial visit.

Non-Payment: If your account is 120 days past due, we will refer your account to an external collection agency. Once the account has been placed with the agency, we will add a 30% collection fee that will need to be paid in full along



with the past due balance to schedule future appointments with Pinnacle Dermatology, SC. The collection vendor may report your delinquency to a credit bureau and may file litigation in efforts to collect the total balance due. Any litigation fees will be applied to the collection balance. Non-payment may result in dismissal from the practice (to the extent permitted by law or applicable payor contracts).

Returned Checks: Pinnacle Dermatology, SC will charge a \$35 fee for any returned checks.

Self-pay: Patients who do not have insurance coverage are considered self-pay. Payment in full for services provided are due at the time of service for self-pay patients.

Missed Appointments: If you are unable to keep your appointment, please notify our office at least 24 hours in advance. Failure to provide 24 hour notice will result in a no-show charge and will be collected to the extent permitted by law or applicable payor contracts. The no-show fee is \$50 for a Monday-Friday regular medical visit, \$100 for Saturday appointments and \$250 for a surgery-related appointment (regardless of day scheduled). In addition, the no-show fee is \$99 for a cosmetic consultation and \$250 for a cosmetic procedure. Patients with repeat cancellations or missed appointments may be discharged from our practice at our discretion.

Dismissal from Practice: Please note that noncompliance with treatment plans (including medications and/or lab work), non-payment of charges owed (to the extent permitted by law or applicable payor contracts) and abusive/inappropriate behavior towards staff and/or other patients may result in dismissal of your care from our practice.

Cosmetic Services (services that are not medically necessary): Patients are responsible for all cosmetic procedure fees at the time of service. We do not bill insurance companies for cosmetic procedures. The cost of any procedure will be a separate fee from an office visit or consultation fee.

I have read and understand the Financial Policy and agree to its terms.

Signature of patient or legal representative: _____

Printed name of patient or legal representative: _____

Relationship to patient: _____

Date: _____