

Moeller Dermatology, LLC
Patient Financial Policy

Thank you for choosing Moeller Dermatology as your dermatology care provider. Our primary mission is to provide our patients with outstanding medical care. We are committed to providing state of the art treatment and care for disorders of the skin, hair and nails. Your understanding of our Patient Financial Policy is important to our professional relationship. Carefully review the following information. Please ask if you have any questions about our fees, our policies and/or your responsibilities.

We request all patients complete our Patient Information Form and Medical History Form prior to seeing the provider. Please notify our office of any patient information changes (i.e. address, name, insurance information, etc).

We accept cash, checks, MasterCard, Visa, Discover or Care Credit. Your bill might include office visits, in-office procedures, pathology, laboratory, or other charges. You may also receive bills from outside pathology and laboratory clinics that we utilize, as well as other physicians and/or surgery centers if your procedure is not performed in our clinic. As a courtesy to you, we file your claims to your insurance company. Amounts not covered by your insurance are your responsibility. **ALL CO-PAYMENTS MUST BE PAID AT THE TIME OF SERVICE OR YOUR APPOINTMENT MAY BE RESCHEDULED. IF YOU DO NOT HAVE INSURANCE, PAYMENT IN FULL IS EXPECTED AT THE TIME OF YOUR VISIT UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE. SELECT COSMETIC PROCEDURES PERFORMED BY A MEDICAL PROVIDER REQUIRE PAYMENT AT THE TIME OF SCHEDULING.**

INSURANCE:

It is the patient's responsibility to provide the clinic with current insurance information. Our relationship is with YOU, not your insurance company. Kansas' law states that clean insurance claims should be paid within 30 days from receipt (K.S.A. 40-2442). Please call your insurance company if your bill is not paid promptly. Please check with your insurance company to ensure our providers participate with your network. Failure to honor any agreements may result in your account being placed with a collection agency. We do not accept workers compensation claims.

PATHOLOGY/LABORATORY SERVICES:

Some services, such as blood work, tissue obtained from biopsies, etc. require an outside laboratory for processing and evaluation. Billing for these services will be directly handled by these outside providers, who may or may not, participate with your insurance plan. **If your insurance plan requires the use of a specific lab, it is your responsibility to notify our staff.**

REFERRALS/PREAUTHORIZATIONS:

If you have an insurance plan that requires you to have a referral to be seen in our office, it is your responsibility to obtain a referral from your primary care physician and ensure our office has current copy. If our office does not have a current referral on file, you will need to sign a self-referral form at the time of your appointment stating that you will be responsible for payment in full for that day's services. If you do not wish to sign a self-referral, you may be asked to reschedule your appointment until you can get a referral from your primary care physician. If your insurance company requires a preauthorization for a procedure, it is your responsibility to ensure our office has the preauthorization prior to having the procedure performed.

SELF PAY PATIENTS:

New patients who do not have insurance will be required to pay a \$50 deposit at the time of scheduling. This deposit will be applied towards services received. In the event the patient no longer desires to be seen in our office, the deposit will be refunded provided 24 hours notice is given. All self-pay patients will be offered a 30% discount for services performed in our office, provided they pay in full at the time of service. Surgery patients who do not have insurance must make payment/payment arrangements prior to surgery. Our staff will estimate your surgical and laboratory fees. Payment is expected when services are provided unless other arrangement have been made.

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, etc.), other than to supply factual information when necessary for insurance plans with which we participate.

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MINORS:

The parent/guardian that signs this Patient Acknowledgement on the Patient Information Sheet will receive the billing statements for the minor and will be responsible for payment on the minor's account.

MISCELLANEOUS FEES:

Missed Appointments: If you fail to cancel your surgery (including excisions, Mohs and TCA peels) appointment prior to 24 hours of the time the surgery is scheduled, you may be subject to a \$100.00 fee. If you fail to cancel your clinical appointments prior to 24 hours of the time your appointment is scheduled, you may be subject to a \$50.00 fee. Failure to cancel medical laser appointments will result in the professional fee being forfeited.

Form Completion: There is a fee of \$10.00 to complete skin cancer policy claims forms and disability claims forms. **These fees must be paid in full before the service will be performed.** Please allow one week for completion of any forms.

Multiple Statements: A fee of \$5.00 will be billed for each additional statement over two statements sent.

Returned Checks: There is a \$25.00 fee for any check returned for insufficient funds.

Payment Plans: All accounts over 120 days including payment plan accounts will be assessed 18% interest annually.

REFUNDS:

Patient refunds \$20.00 or greater will be automatically processed and mailed to the address on file. Refunds less than \$20.00 will remain as credits on the patient's account, unless a refund is requested by the patient.

INSURANCE INFORMATION RELEASE AUTHORIZATION:

I hereby authorize the above physician to release any information acquired in the course of my examination or treatment to my referring doctor and/or my insurance company.

This policy is subject to change without notice. The current financial policy can be found on our website moellerdermatology.com or by requesting a copy.