



Melanie Ortleb MD
BOARD CERTIFIED DERMATOLOGIST

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402-505-8777 | MODDERMATOLOGY.COM

Financial Policies

Thank you for choosing MOD Dermatology for your dermatologic care. Our entire staff is committed to providing outstanding care for every patient we see. The following financial policies enable our office to run in the most efficient manner, allowing us to put our focus on the patient's skincare needs.

MOD Dermatology participates with most major insurance carriers. It is the patient's responsibility to contact your insurance company to ensure we are In-Network with your plan. If you have an appointment scheduled and our provider is Out-of-Network with your health plan, we require payment in full at the time of service. If it is determined that we are Out-of-Network with your insurance plan after services have been performed, you are responsible for payment of any billed charges that are not covered by your Out-of-Network insurance.

We will file claims to In-Network insurance companies on behalf of the patient, as a courtesy.

Copayments, Deductibles and Coinsurance

Copayments are due when you check in for your appointment. If your deductible or coinsurance applies to your visit or services, we ask that you pay your deductible/coinsurance at the time of service.

Outstanding Balances

Outstanding balances are due at the time of check-in.

Cosmetic and Non-Covered charges

Charges for cosmetic services are due at the time of service. Certain services such as removal of skin tags and benign growths may not be covered by your health plan. Payment for these types of services is considered cosmetic and cannot be billed to insurance. Payment is due at the time of service. If you are scheduled for a cosmetic appointment and you would like to discuss a medical issue on the same day, please mention this at check-in. We will do our best to accommodate these requests in the same visit if time allows. Accordingly, you will be charged a separate medical visit and we will bill this portion of the visit to your health insurance company.

Medicare Patients

Medicare oftentimes considers certain services such as removing skin tags and benign growths to be cosmetic services. Payment for these services is due at the time of service.

Medicaid Patients

We are Out-of-Network with all Medicaid plans. MOD Dermatology does not file claims to Medicaid, whether it is your primary or secondary insurance. If you have Medicaid and would like to be seen in our office, you will be charged the Self-Pay rate for all services, which is collected at the time of check-in. I understand that MOD Dermatology is Out-of-Network with all Medicaid insurance plans and I am waiving my rights for Medicaid benefits on any services that I receive at MOD Dermatology.

Self-Pay Patients

If you don't have health insurance, charges for all services are due at the time of check-in.

Referrals

If your insurance company requires a referral to be seen in our office, it is your responsibility to obtain that referral. If you wish to be seen and your referral isn't completed, payment for services are due at the time of check-in. If it is determined that a referral was necessary but not obtained, you will be responsible for any billed charges not covered by your insurance.

Pathology & Laboratory Services

Pathology and Laboratory services are often sent to outside labs for processing. Most frequently we use Regional Pathology at The Nebraska Medical Center, but sometimes we use different labs if we deem it necessary. It is your responsibility to notify us if your insurance company requires your lab or pathology sent to a certain laboratory. Oftentimes you will receive a separate bill from the outside lab as well as a bill from us.

Pathology

Anytime skin is removed from your body for testing (biopsy, excision, shave removal, etc), you will be assessed a charge for processing the slide and a charge for reading the slide. You may also receive a bill from Regional Pathology Services or PCA Southeast if our provider deems it necessary to obtain a second opinion.

Laboratory

With lab services, you will either receive a bill from our office or from Regional Pathology Services for services rendered.

Cancellation of Appointments

We require 24-hour notice if you need to cancel your scheduled appointment. This enables us to see another patient who otherwise may have to wait for an appointment.

No-Show and Late Cancellation Policy

When you fail to keep your scheduled appointment (No-Show) or fail to cancel your appointment with 24 hours of notice, this prevents us from seeing another patient who may also need an appointment. We charge \$50 for all No-Shows or appointments that aren't cancelled with 24 hours notice. For procedure appointments, the charge is \$100.

We reserve the right to dismiss a patient from our practice for recurrent No-Shows.

Billing Statement

Once we receive an Explanation of Benefits (EOB) from your insurance company, any outstanding balance from the EOB is due within 30 calendar days. If you cannot pay the balance within 30 calendar days, please contact our billing department at 402-505-8777 to make other arrangements.

We charge a \$40.00 fee for returned checks. If your check is returned, we ask that you pay your balance using cash or credit card.

Outstanding balances will be collected at the time of check-in prior to each visit. Any unpaid balances will be sent to a collection agency if the account remains unpaid after 3 billing statements have been sent. If you are unable to pay your balance, please contact the billing department at 402-505-8777 to make other arrangements.

If your account is in collections, payment in full is required before any future appointments will be made. We also require a credit card on file for any account that has previously been in collections. This credit card will be used to pay any future balances if they remain unpaid after 3 billing statements. We will scan your credit card into our system which stores your card information. However, once the credit card is scanned, we can only view the last 4 digits.

I have read the above financial policies and I agree to abide by these policies.

Patient Name _____

Signature _____ Date _____

Relationship to patient _____