



## **MOD Dermatology, PC 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.

Our intake paperwork requires patients to give us their social security number or the social security number of the guarantor. If you choose to not provide us this information, payment for all services is due at the time of service. No exceptions.

### **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, and it is not met for the year, we will collect your deductible/coinsurance at the time of service. Benefit information is verified in real time with your insurance company. If the claim processes differently, we will either issue you a refund or bill you for the remaining balance according to your insurance company.

### **Outstanding Balances**

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

Outstanding balances (older than 30 days, or any balance that is over \$250.00 regardless of the number of days outstanding) will be collected at the time of check-in prior to each visit.

### **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. 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 do not 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 is not completed, payment for services is 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 separate charge for reading the slide. You may also receive a bill from Regional Pathology Services or Opus Pathology if our provider deems it necessary to obtain a second opinion. Please be advised that certain situations may arise in which the expertise of a dermatopathologist is preferred to best help treat your condition. At the clinician's discretion, MOD will send your specimen to the appropriate dermatopathologist regardless of their insurance network status. The patient will be responsible for any charges, according to your insurance explanation of benefits, even if the dermatopathologist is out of network with your insurance plan.

#### Laboratory

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

#### No-Show and Late Cancellation Policy

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.

When you fail to keep your scheduled appointment (No-Show) or fail to cancel your appointment with a minimum of 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 are not cancelled with 24 hours' notice. For procedure appointments, the charge is \$100.

If you have ever been assessed a no-show fee, we require a \$50 deposit to be made at the time of booking any future appointments. This deposit will be forfeited if you no-show your appointment or cancel with less than 24 hours' notice. If you attend your appointment as scheduled, the \$50 deposit will be applied to your account appropriately.

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, we will mail you a billing statement if you have an outstanding balance. Any outstanding balance 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 (older than 30 days, or any balance that is over \$250.00 regardless of the number of days outstanding) 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 \_\_\_\_\_

Patient/Guardian to Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Patient \_\_\_\_\_