

## Medical Dermatology Associates of Chicago, Ltd. Financial Policy

Thank you for choosing Medical Dermatology Associates of Chicago, Ltd. (MDA) as your dermatology care provider. Our primary mission is to provide our patients with outstanding medical care. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Carefully review the following information and return this form with your signature and today's date. Please ask if you have any questions about our fees, our policies and/or your responsibilities.

You will be asked to fill out a new patient demographic form at your first visit. It is your responsibility to notify our office at your follow-up visit(s) if any demographic information has changed, as well as any necessary updates to your insurance and your credit card on file.

**We require a credit card on file for all patients.** As of May 2020, we require a credit card on file for all patients. We accept cash, checks, Visa, MasterCard and Discover. Amounts not covered by your insurance are your responsibility. If you have a patient responsibility balance on your account, this means that your insurance company has processed your claim, and any outstanding amount is your responsibility (usually because it has been applied to your deductible or co-insurance). We will review this balance with you and ask that you pay in full before your appointment. All co-payments and must be paid at the time of your visit. Outstanding balances must be paid at the time of your next visit or **45 days** from your statement date, whichever comes first. Any overdue balances will be charged to the credit card on file. MDA reserves the right to refuse treatment if there is an unpaid balance on your account.

Your bill might include office visits, destructive treatments, biopsies and other surgical procedures, injections, pathology, lab work or other charges. All co-payments and unpaid balances from previous an unpaid balance on your account. There is a \$25.00 fee for checks returned due to insufficient funds.

If you do not have your insurance card present with you at the time of service, you may still be seen by your physician as a self-pay patient. Self-pay visits must be paid in full at the time of service. If you wish to file a claim with your insurance to be reimbursed for your visit, we are happy to provide you with receipt of payment for your visit as well as a copy of the claim.

Please note it is the patient's responsibility to file reimbursement with their insurance company if insurance was not presented at the time of visit.

If you have blood work done as part of your visit, your blood will be drawn here in our office and transmitted for processing to an outside lab (Quest). Please note that we charge for the actual blood draw, but you will also receive a separate bill from Quest for the specific lab tests performed. If you have any questions about the cost of specific lab tests, please contact Quest directly at the number printed on the Quest statement. Skin pathology (skin biopsy) is transmitted to Northwestern or DermPath Diagnostic laboratories for processing. If you have a question about pathology fees/billing, please contact the appropriate laboratory directly.

**Medical/Cosmetic Billing.** Both medical and cosmetic dermatologic services are provided in our office. It is important to understand that these services are billed separately and differently, even if you are seen for both medical and cosmetic reasons at the same appointment. Cosmetic procedures must be paid for in full at or before the time of service. Cosmetic services and services with our Aesthetician are not billable to insurance and payment is expected at or before the time of service. Treatment packages for laser or aesthetic services are nonrefundable and expire 12 months from date of purchase.

Due to COVID 19 health and safety concerns, prescriptions and cosmeceutical products purchased at MDA are final sale.

**Insurance.** It is the patient's responsibility to provide MDA with accurate and current insurance information. MDAC has a relationship with you, not your insurance provider. It is the patient's responsibility to understand the terms and coverage provided under your insurance plan. Please check with your insurance company to ensure that your physician participates as a provider in your insurance plan or network. If we don't have confirmation of your insurance coverage, you, the patient, are responsible for any charges incurred at the time of your visit. If your insurance company does not cover services deemed necessary by your physician and you agree to proceed with these services, you are responsible for the payment.

Any co-insurance, deductible, out-of-pocket and co-pay amounts will be the patient's responsibility. The patient shall be responsible for paying any balance remaining after the application of any insurance at the time of the office visit. If any balance remains unpaid for more than sixty days after the office visit or date of service, your account may be referred for collection and you will be responsible for any collection charges or attorneys' fees relating to the collection of your account.

**TeleHealth Appointments.** As a response to the COVID pandemic most commercial insurances and Medicare are allowing insurance to be billed for TeleHealth appointments. As with in-office appointments, it is the patient's responsibility to understand the terms and coverage provided under your insurance plan. TeleHealth visits are billed and coded similarly to in-office visits and include a modifier code notifying the insurance company that the appointment was conducted remotely via phone or video. Any co-insurance, deductible, out-of-pocket and co-pay amounts in relation to a TeleHealth appointment will be the patient's responsibility. New patients wishing to schedule a TeleHealth appointment will be charged an \$85 self pay fee at the time of scheduling.

**Referrals.** Some health insurance plans require that you receive authorization from the plan or a primary care provider before the plan will authorize treatment with us. 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 that referral authorization and ensure that our office has a current copy.

**Minors.** The parent/guardian that signs this Patient Financial Policy will receive the billing statements for the minor and will be responsible for payment on the minor's account, regardless of who is the primary holder of the insurance.

**No-show/cancellation/phone calls.** If you miss your appointment (no-show), cancel, or change your appointment with less than 24 hours notice you will be charged a \$50 fee to the credit card on file. This fee is applicable to all appointments scheduled at MDA. Any appointments that need to be rescheduled due to time conflicts must be done with at least 24-hours notice to accommodate patients on a waitlist. MDA may assess a \$25 fee for medical advice or treatment given over the phone.

**Insurance Information Release Authorization:** I hereby authorize MDA to release any information acquired in the course of my examination or treatment to my referring doctor and/or my insurance company.

By signing below, I acknowledge that I have received and reviewed MDA's Financial Policy.

Patient (Authorized Representative) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Authorized Representative: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

Address/Phone Number of Authorized Representative: \_\_\_\_\_