



**FINANCIAL POLICY**  
**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY**

Thank you for choosing The Skin Group as your healthcare provider. Our primary mission is to provide our patients with outstanding medical care. Your clear understanding of our Financial Policy is important to our professional relationship. This financial policy is applicable to all services offered including but not limited to dermatology/MOHS Micrographic surgery and Telehealth appointments.

YOUR INSURANCE BENEFIT IS A CONTRACT BETWEEN YOU AND YOUR INSURANCE PLAN. IT IS YOUR RESPONSIBILITY TO VERIFY NETWORK PARTICIPATION OF THE SKIN GROUP OR ANY PROVIDER OF THE SKIN GROUP WITH YOUR INSURANCE CARRIER.

❖ **Benefits/Coverage:**

- ✓ We wish to stress that, while we are happy to submit insurance claims on your behalf, financial responsibility for services rendered rests with the patient regardless of the nature or extent of any insurance coverage. It is your responsibility to understand your insurance benefits. Insurance coverage is not a guarantee of payment for services provided. Intentional misrepresentation of insurance information is considered fraud and may be prosecuted under the laws of this state.
- ✓ Your insurance plan may require information directly from you. Your failure to timely comply with your insurance plans request may result in your claim being denied and if so, will result in our seeking full reimbursement from you for services rendered.
- ✓ Any portion of the insurance carrier's allowable rate for services performed that is NOT paid by the carrier is the responsibility of the patient.

❖ **Non-Covered Benefits:**

- ✓ Please be aware of some or all of the services you receive may not be covered by your insurance plan. Any portion of the insurance carrier's allowable rate for services performed that is NOT paid by the carrier is the responsibility of the patient. **Any remaining balance for non-covered benefits, deductibles and co-insurance are your responsibility and payment for any patient responsibility is due at check-out on the day of your appointment.**



- ✓ For ALL AESTHETIC procedures (i.e. skin tag removal, fillers, products, etc.) which are not covered by insurance plans, full payment is due at the time of service. In addition there are no refunds on any aesthetic procedures or products. You will receive an “in-store” credit on your account to be used for an aesthetic procedure or product in the future. Aesthetic money cannot be used toward any medical procedure or product.

❖ **Proof of Insurance:**

- ✓ Proof of insurance (Insurance ID Card) is required at the time of service if you would like insurance to be billed for your visit.
- ✓ All patients must complete or update demographic information before seeing the provider. This form will cover any changes in address, employment, insurance, etc. However, it is your responsibility to ensure we have your correct information and an up-to-date copy of your insurance card(s) in a timely manner.
- ✓ If proof of insurance is not available or any other updated information is not provided at the time of your visit, you will be required to pay for your services in full at the time of your visit or reschedule your appointment.
- ✓ If you do not have insurance, payment in full is expected at the time of your visit.

❖ ***Copayments, Deductibles, and Past Due Balances***

- ✓ Many insurance plans include co-payments and deductibles. Co-payments, deductibles and past due balances are due prior to being seen by any provider. Payment is part of your contract agreement with your insurance plan and cannot be waived.
- ✓ If your plan is a deductible plan, The Skin Group will collect \$75 for a new patient, \$50 for an established patient and/or \$600 for MOHS surgery at check-in.
- ✓ If any payment is not collected your appointment will be required to be rescheduled until the payment is paid in full.
- ✓ Past due balances are due upon receipt of a statement or before or at the time of a scheduled appointment, whichever comes first. If you are unable to make payment at the time of the scheduled appointment, your appointment will be rescheduled for another day that is convenient for you.



- ✓ We accept cash, personal checks, Visa, Mastercard, Discover, American Express or money orders as payment for services rendered.
- ✓ A returned check fee of \$35.00 will be assessed to your account for any returned checks.

#### ❖ **Referrals/Authorizations:**

- ✓ Some insurance plans require a referral from your primary care physician to obtain services of a specialist. These health plans will not pay for services rendered without a referral. It is your responsibility to obtain the referral prior to your appointment. This would include any dermatology appointment or MOHS surgery.
- ✓ Some insurance plans require an authorization. Obtaining a prior authorization for services is not a guarantee of payment of benefits. A prior authorization means that the information given at the time meets the medical necessity for the services but is not a guarantee of payment. Your insurance plan will confirm to you that even though the services may be authorized, the services may not be covered under your plan and a decision of payment will not be rendered until the claim is submitted.

#### ❖ **Billing:**

- ✓ The Skin Group bills insurance as a courtesy to our patients.
- ✓ Your bill might include office visits, destructive treatments, biopsies, injections and removal of benign/malignant lesions, pathology or other charges. Medical insurance usually does not cover the entire cost of medical care, specific procedures and/or certain office visits.
- ✓ Once you have paid your patient responsibility on the appointment day and/or once insurance has processed your claim and if there remains a patient balance due, you will receive a statement. If you have overpaid your patient responsibility we will remit a check to you for the overpayment.
- ✓ Please be aware that if there is a balance that remains unpaid, we reserve the right to turn your account over to a collection agency for all balances 90 days past due. If an account is referred to outside collections, we reserve the right to dismiss the patient from the practice. The account is subject to additional fees incurred by the practice and/or related to the collections activity.



Pursuant to Kentucky Revised Statutes (KRS 411.195), if your account requires the practice to use an attorney to recover the amount you owe, either by legal action or by other means, you will be responsible for payment of the practice's reasonable attorney fees and court costs.

- ✓ You may also receive a separate bill from outside pathology and laboratory clinics that are utilized by The Skin Group and are separate from your physician's fee. IT IS YOUR RESPONSIBILITY TO ENSURE THAT THE PATHOLOGY OR LABORATORY CLINICS ARE IN NETWORK WITH YOUR INSURANCE POLICY.
- ✓ The parent/guardian that signs this Financial Policy will be responsible for payment on the minor's account, regardless of who is the primary policy holder of the insurance.

❖ **Wireless Telephone Calls and Email Usage:**

- ✓ If at any time you provide a wireless telephone number or email address at which you may be contacted, you consent to receive calls or text messages including but not restricted to communications regarding billing and payment for items and services, unless you notify the Practice to the contrary in writing.
- ✓ Phone calls or text messages include but is not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer assisted technology, or by electronic mail, text messaging or by any other form of electronic communication from the The Skin Group, affiliates, contractors, servicers, clinical providers, attorney or its agents including collection agencies.
- ✓ If at any time you provide an email address at which you may be contacted, unless you notify the Practice to the contrary in writing, you consent to receiving medical instructions, statements, bills, marketing material for new services and payment receipt at that email address.

❖ **No Show Fees and Missed Appointments:**

- ✓ We respect our patients' time and make every attempt to stay on schedule. Please understand that delays and emergencies sometimes occur but that we value your time and are doing everything we can to make your visit as efficient as possible.



- ✓ All patients are required to arrive ten (10) minutes prior to their appointment time. If this policy is not followed your appointment may need to be rescheduled.
- ✓ All no-show appointments will be charged a \$50.00 fee which is non-refundable. Repeat missed appointments may result in a discharge from the practice.

❖ **Credit Card Authorization Policy:**

- ✓ We would like to make it simple for you to pay for any services that are your responsibility including copay, deductible payments, non-covered services, patient responsibility, past due balances and all aesthetic products and procedures.
  - ✓ At your option we will require a credit card on file for all services that are billed to your insurance company or any aesthetic services provided to you.
  - ✓ This policy will be advantageous to you since you will no longer have to write and mail us a check. This will also have a positive effect on the environment.
  - ✓ This payment process will not compromise your ability to dispute a charge or question your insurance company's determination of payment.
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- ✓ As we continue to strive to protect the security of your personal information, your credit card information is encrypted to all employees. Your credit card information is stored in a high-security system that goes beyond Payment Cared Industry (PCI) compliance using Point-to Point Encryption (P2PE) which involves a combination of secure devices, applications, and processes that encrypts the card data from the first interaction at the point of sale up until the data reaches the secure payment processing environment.

I have read and understand the above information. I authorize the release of any medical or other information necessary to process my insurance claim. I authorize payment of medical benefits from my insurer, including Medicare, directly to The Skin Group. By signing this form, I am accepting financial responsibility for payment of medical or aesthetic services provided by The Skin Group and other medical facilities for services that are necessary for my diagnosis or treatment regardless of treatment outcomes. I acknowledge that insurance billing services provided by The Skin Group is a courtesy and does not relieve me of financial responsibility for services provided. This assignment of benefit shall remain in effect as long as I receive treatment from The Skin Group.



I authorize The Skin Group to securely maintain my credit card account information and to charge my account in full for any outstanding balances after my insurance carrier has processed my claim(s) or to purchase any aesthetic products or procedures. I agree to inform The Skin Group of any changes regarding my credit card account number and/or expiration date. This authorization will remain in effect until revoking in writing by the cardholder which will apply to future dates of service only.

Signature

Date

Printed Name

Date of Birth

Relationship to Patient: