



## Bryn Mawr Dermatology 2018 Financial Policy

### INSURANCE

It is your responsibility to understand the terms, guidelines and limitations of your insurance plan. Please advise us of any changes to your insurance, address or phone number. A current, valid insurance card and driver's license or photo ID must be presented at each visit. If we cannot confirm active insurance, or if you are covered by an insurance plan with which we are not contracted, you will be required to pay out of pocket for services rendered at the time of service. If for any reason your insurance company does not cover your visit, you will be responsible for 100% of the charges billed. **Please note that although a service may be 'covered' by your insurance plan, depending on deductible, co-payment or co-insurance due, you may be responsible for all or part of the 'covered' amount.**

### REFERRALS

If your insurance plan requires a referral, it is your responsibility to obtain one prior to your visit. If a referral is required and you do not have one, we will reschedule your appointment and a **\$50** missed appointment fee will be charged.

### CANCELLATIONS AND MISSED APPOINTMENTS

Missed appointments and late cancellations prevent us from providing care to another patient in need. Cancellations must be made 24 hours in advance of your scheduled appointment or a **\$50** fee will be charged. Failure to cancel a surgical appointment 24 hours in advance will result in a **\$100** charge. There are **no exceptions** to this policy. While our office does send a courtesy reminder 3 days prior to your appointment, missed appointments due to failure to receive a reminder will still be charged the appropriate fee. In the case of repeat late cancellations or missed appointments we may require that you leave a credit card on file prior to scheduling future appointments. Repeatedly missing appointments may result in discharge from the practice. *If you arrive fifteen or more minutes late, your appointment will be forfeited, classified as "missed," and will result in a \$50 fee.*

### OUT-OF-POCKET COSTS

Co-pays, co-insurance, deductibles and all non-covered charges are the insured's/patient's financial responsibility and are **DUE AT THE TIME OF YOUR VISIT**. Co-pays are collected during the check-in process. Once your visit is completed, our office, in partnership with your insurer, is able to accurately determine your expected financial responsibility for the visit. **Any additional financial responsibility over and above the co-pay will be collected upon check-out. We are unable to send you a bill for your expected out-of-pocket costs.** Once your insurer processes the claim, you may be billed for any additional amounts due. You will be asked to reschedule your appointment if you are not prepared to pay your out-of-pocket costs at the time of your visit. If you choose not to use your insurance coverage for any procedure or office visit, you waive your right to submit charges to any insurance carrier at any time.

### MEDICAL RECORDS REQUESTS

You may be charged a fee for any medical records that you request in accordance with the PA Judicial Code 26.

### RETURNED CHECK FEE

A fee of **\$30** will be charged for any check returned for insufficient funds.

### OUTSTANDING BALANCES

Outstanding balances are payable upon receipt of the billing statement. Should your account become 90 days past due, the unpaid balance may be turned over to a collection agency. **A fee of 35% of the outstanding balance will be added to your account if it is referred to collections.** Patients in collections may be seen for emergency conditions only. Patients referred to collections must provide a credit card to be kept on file for all future visits. Payment plans may be available for patients with significant financial need.

**I have read, understand and will comply with the information contained within this financial policy.**