

FINANCIAL POLICY

We are committed to meeting your healthcare needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost effective manner, we ask that you adhere to the following guidelines.

- I agree to furnish **Bryn Mawr Dermatology, PC** with a copy of my current health insurance card(s). I also agree to provide an explanation of benefits and/or claim form(s) from my insurance company, when applicable.
- I authorize the release of medical information necessary to process my insurance claim and I assign insurance benefits to **Bryn Mawr Dermatology, PC** for services provided to me by Christine Stanko Burkholder, MD
- I understand that co-pays are due at the time of service, as required by my insurance company.
- I agree that I will be responsible for balances applied to my account that are not covered by my health insurance plan.
- I understand that my account will be charged all applicable bank fees if a check I presented for payment is returned and marked "non-sufficient funds" (NSF). Returned checks over \$500 will be assessed a fee of 5% of the amount of the check.
- I understand that **Bryn Mawr Dermatology, PC will** bill my health insurance company and will refund any overpayment on my account to the appropriate party (i.e., insurance company, patient).
- I understand that **Bryn Mawr Dermatology, PC allows** 30 days for the processing of my claim by the insurance company. In the event the practice does not receive reimbursement within 45 days, they will contact my insurance company regarding the claim; I will be notified if they do not receive a response.
- I will notify an Insurance Specialist at the practice if I am aware of a payment delay by my insurance company. It is my understanding the Insurance Specialists at the practice will provide me with assistance in resolving the claim.
- Any co-insurance, deductible, out of pocket and co-pay amounts will be my responsibility. Any balance left after your insurance has paid must be remitted within 30 days of the date of the bill generated by Bryn Mawr Dermatology's billing department.
- I understand that I am responsible to have any referrals issued to **Bryn Mawr Dermatology, PC** if my insurance company dictates that referrals are required for specialists.
- In the event I am unable to pay my responsibility in full, I will contact the Insurance Specialist to discuss financial arrangements.
- I have read, understand, and agree to the insurance assignment and financial policies stated above. I also agree that I have had the opportunity to discuss any questions or concerns regarding the above with the Insurance Specialists at the practice.
- If you plan to pay privately for your services, please be advised that it is the policy of Bryn Mawr Dermatology, PC practice to collect payment in full at the time of service. If you are unable to make payment in full at the time of service, your appointment will be rescheduled to a more convenient time.
- Motor Vehicle Accidents (MVA)/Third Party Liability: We will require all claim detail (claim#, contact info, billing address) at the time of your appointment; otherwise we will require payment in full for services rendered for each patient being treated for a MVA/other accident-related injury. We will file claim(s) with the motor vehicle or third party insurance company that you designate, provided we receive all necessary information with which to bill. If the claims are denied, or a protracted lawsuit is involved, the patient is responsible to pay the account balance in full. We will bill your private health for balance left after your personal injury protection (PIP) exhausted.
- Form Fees: Forms and letters requested by our patients will be assessed a fee as listed below. This list is not meant to be all inclusive but is merely representative of the items that may incur a charge. This fee covers our administrative expenses related to physician/staff time, photocopying, mailing, etc.
 - Letters of Medical Necessity \$30 each
 - Family Medical Leave Act Forms \$15 one page, \$25 two pages, \$35 three pages, \$50 4+ pages
 - Medical Records – all medical record requests will be handled in accordance with the applicable fees as dictated by Pennsylvania Act 26 which is currently \$25.00.

I acknowledge that I have received a copy of this financial policy. I agree to read this document and comply with the terms set forth for services rendered by Bryn Mawr Dermatology, PC .

Patient Signature (Guarantor)

Date