



# DERMATOLOGY ASSOCIATES

OF ROCHESTER

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## **Patient Financial Policy**

Thank you for choosing Dermatology Associates of Rochester (“DAR”) as your healthcare provider. We are committed to providing high quality treatment and care, and fostering and sustaining a successful relationship with our patients. This Patient Financial Policy (“Policy”) will assist you in understanding your financial responsibility for the services we will provide. If you have any questions regarding your insurance coverage, please contact your insurance carrier. By signing below, you agree as follows:

1. **Verification of Coverage:** You are responsible for understanding your insurance coverage, including whether services provided by DAR are in network or out of network, and all anticipated out-of-pocket expenses for any services you receive. Please contact your insurance carrier prior to your visit to confirm whether we participate in your insurance plan and for information regarding your plan benefits and out-of-pocket expenses. DAR makes no claims, representations, or warranties, verbal or written, as to the insurance coverage/payment of any services or procedures provided by DAR.
2. **Financial Responsibility:** DAR is a participating provider with many insurance plans, including Accountable Health Partners, and we will happily submit a claim on your behalf for covered services. It is your responsibility to notify our office promptly of any patient information changes (i.e., address, phone number, insurance information, etc.) so that we may bill for the services rendered to you. Failure to provide complete and accurate insurance information may result in full or partial lack of coverage by your insurance carrier, in which case payment will be your responsibility.
3. **Cost Shares:** In the event your insurance carrier determines you are responsible for any copay, deductible and/or coinsurance (collectively, the “Cost Shares”), full payment of such Cost Shares is due at the time of service. It is your responsibility to know the amount of any Cost Shares you may owe and failure to pay such Cost Shares at the time of service may result in a late fee of \$10.00. The deductible and out of pocket amounts you may owe reset every year. It is your responsibility to know how much of your deductible you have remaining. If you have a deductible and are a new patient, we will collect a down payment for your visit. We reserve the right to require prepayment by credit card.
4. **Credit Cards.** DAR requires that you maintain a credit card on file for all elective and cosmetic procedures. DAR reserves the right to require prepayment by credit

card for such procedures. You may voluntarily maintain a credit card on file for all services. If you choose not to do so, we will not refrain from treating you for medically necessary services. You understand and acknowledge that by paying for medical services by credit card you are foregoing certain state and federal protections regarding medical debt including protection from wage garnishment and property liens, prohibitions on reporting medical debt to credit bureaus, and limitations on the interest rate.

5. **Out of Network Services:** If DAR is out of network with your insurance carrier, as a courtesy, we will work with you to try to secure approval from your insurance carrier to provide services on an out of network basis. Notwithstanding, you understand and acknowledge that DAR does not bill New York State Medicaid as a primary insurance plan. In the event you choose to receive services not covered by your insurance carrier, or New York State Medicaid is your primary insurance, you agree to pay for such uncovered services at our then current self-pay rate, plus any additional charges, as applicable.
6. **Cosmetic Procedures:** You understand and acknowledge that non-surgical cosmetic consultations and procedures are not covered by insurance and may require payment of a deposit at the time of scheduling, and/or payment in full for the cost of the procedure(s) prior to the time of service. Medical issues arising during or related to a non-surgical cosmetic consultation or procedure shall be billed to your insurance carrier, if any, as applicable.
7. **Payment:** For your convenience we accept Visa, Discover, American Express, Mastercard, cash, CareCredit (interest-free financing for qualified patients). Personal checks may be accepted in some cases, but will not be accepted for cosmetic procedures. Returned or dishonored checks are subject to a service charge of \$25.00. If your insurance denies coverage, does not pay us in a timely manner, or if your account becomes delinquent, we reserve the right to refer your account to a collection agency in which case you will be solely responsible for all legal and/or collection agency fees. We will notify you before referring your matter to collections.
8. **Cancellation and No Show Policy:** If you need to cancel an appointment, we require at least 24 hours advance notice for office visits, and 48 hours advance notice for surgical and cosmetic appoints, to allow us to reschedule you and serve other clients that require an appointment. DAR may charge a cancellation fee in the event that you fail to show, arrive more than 15 minutes late, or cancel your appointment with less than the required notice. Payment of the cancellation fee shall be the sole responsibility of the patient and may be assessed in addition to forfeiture of any prepaid deposits, as applicable, for appointments.

I hereby assign directly to DAR all insurance benefits and appeal rights, if any, otherwise payable to me for services rendered. I authorize DAR to release all information necessary to secure the payment of benefits and to use this signature on all insurance submissions.

I agree to be financially responsible for all payments to DAR for services not covered for any reason described herein; and I further agree to all other terms and conditions described above.

I hereby acknowledge that I have read this Policy in its entirety, have had an opportunity to ask questions, and DAR has answered my questions to my satisfaction.