

NORTHEAST DERMATOLOGY, PA
FINANCIAL POLICY AND
ACKNOWLEDGMENT OF RECEIPT OF PRIVACY PRACTICES
Last Updated: 10/20/2021

We are committed to providing you with the best dermatologic care, and we are pleased to discuss our professional fees with you at any time. Please ask if you have any questions about our fees, financial policy, or your payment responsibility.

If your insurance company requires a referral from a primary care physician and you do not present one, you will be financially responsible for that service.

HMO, PPO, or other managed care patients: You will be responsible for paying your annual deductible, co-payment, and other non-covered cosmetic charges. These fees are due at the time of service.

Medicaid products will not be accepted as secondary insurance to any non-Medicare Plan. Any balance due from primary is the patient's responsibility at time of service.

Any balance more than 30 days overdue must be paid in full before a patient will be seen for additional appointments. If the balance enters a collection status a \$25.00 administrative fee will be added to the balance due. If the balance then exceeds 60 days past due it may be forwarded to an outside collection agency.

Any required payment is due at time of service and if not paid may be subject to a \$15.00 fee.

Please note that there are many skin conditions treated by dermatologists which are considered cosmetic by insurance companies and Medicare. Therefore, the fees for these services would be the patient's responsibility.

Any specimens will be sent to an outside lab. You will be responsible for any fees associated with their services.

A prerecorded appointment reminder call or text message may be sent to your preferred phone number.

Appointments that are missed without 24 hour notification may be subject to a fee of \$35.00 that will be payable before any future appointments.

Unless otherwise noted and if I am the parent/responsible party for the patient: I give permission for any follow-ups pertaining to the same medical problem to be addressed if the patient has an appointment that I am not present for.

INSURANCE CARDS ARE REQUIRED FOR NEW APPOINTMENTS OR ANY INSURANCE CHANGES.

I HAVE READ AND UNDERSTAND THE ABOVE FINANCIAL POLICY.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN GIVEN THE OPPORTUNITY TO REVIEW THE PRIVACY PRACTICES OF NORTHEAST DERMATOLOGY, PA. I UNDERSTAND THAT I MAY OBTAIN A COPY OF THE NOTICE OF PRIVACY PRACTICES AT MY REQUEST.

Signature: _____ **DATE:** _____

YOU MUST BE 18 OR OVER TO SIGN THESE FORMS