

Financial Policy-Craig Singer MD Dermatology

Self Pay: All services shall be paid in full at the time of service.- *A discounted fee schedule based on BCBS rates is offered to Cash patients.*

Cosmetic procedures: All services (e.g. Botox and Fillers) shall be paid in full at the time of service. The removal of Skin Tags, Non-inflamed Seborrheic Keratosis, Sebaceous Hyperplasia, certain types of Milia, and DPN's (Dermatosis Papulose Nigra) are considered cosmetic.

Commercial Insurance: All copays are required at the time of visit.

Assignment of Benefits: I authorize payment directly to Craig Singer MD Dermatology (CSD) for all benefits otherwise payable to me. I acknowledge that CSD will submit a claim to my insurance carrier as a courtesy; however, I understand that I am ultimately responsible for all deductibles, coinsurance, copayments, out of network penalties and non-covered services. I agree that I will pay my estimated balance today based on the information available from my insurance company and I understand that CSD does not guarantee payment of any claim until it has been fully processed by my insurance carrier. I understand it is my responsibility to obtain an authorization required prior to treatment.

Managed Care: I understand that if my insurance is an HMO, a referral is required at the time of each visit. I understand that I am responsible to obtain a referral from my primary care physician. *If I have not obtained the proper referral, I will be required for payment in full at the time of the visit.*

Medicare: Craig Singer MD Dermatology, PLLC (CSD) is a participating physician group and will file your claim for you. Today you will be responsible for "your part" which is 20% (unless you have an approved supplemental policy) plus your unmet deductible for the current year. I request that payment of authorized MEDICARE benefits be made on my behalf to CSD for any services furnished to me. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable for related services. I have not pledged or assigned my benefits to any Health Maintenance Organization (H.M.O.).

I request authorized MEDIGAP benefits be made on my behalf for any services furnished to me.

Pathology/ Lab: Biopsy specimens and bloodwork will be submitted to an outside laboratory for evaluation. You will receive a separate bill from the laboratory for services rendered. If your insurance requires us to send specimens to a specific laboratory, it is your responsibility to inform us.

No -Show Policy: Craig Singer MD Dermatology routinely contacts patients by phone, one week in advance, to remind patients of his/her appointment. In addition, an automated text message reminder or phone call reminder is delivered to every patient three days prior to the appointment. If you fail to show up for your appointment or do not call to cancel at least 24 hours in advance, a \$50 no-show fee will be assessed to the patient's account and the account status will be inactive until the no-show fee is paid.

Financial Policy-CSD (continued)

General principles:

Craig Singer MD Dermatology PLLC is committed to excellence, high quality care, and dedication to its patients. CSD has a responsibility to operate in a financially prudent manner to achieve its commitments. Amounts due include personal obligations such as co-pays, deductibles and past due balances. For those patients experiencing financial hardships, we offer financial assistance options when necessary and appropriate. These options include payment plans and a charity care policy when a helping hand is desired by our most vulnerable patients.

I understand that it is my responsibility to know my insurance benefits and plan coverage. My insurance may or may not cover the services provided at Craig Singer MD Dermatology. To obtain the most accurate information, please check with your insurance carrier to discuss the benefits provided by your medical plan prior to your visit to fully understand your anticipated out-of-pocket costs.

I understand that if I do not have my insurance card, referral, and/or copayments, that my appointment may be rescheduled until such time that I can provide the required documents or payments.

I understand that payment of copayments and noncovered services are to be paid at the time of service. CSD accepts cash, checks, visa, MasterCard, Discover, and American Express. I may also pay my bill online from the bill payment section of our website, www.SingerDerm.com.

I understand that I may be contacted by telephone regarding my outstanding balance with Craig Singer MD Dermatology. I acknowledge and agree that CSD, its affiliates and agents, including Modernizing Medicine, may use an automated telephone dialing system, prerecorded or artificial voice calls, messages and/or texting to contact the wireless number and/or residential lines that I provided to CSD for my appointment and payment purposes.

If you fail to pay your bill within 60 days, your account will be submitted to Velo Law Collection Agency and we will assess a 30% surcharge to your balance to cover the cost of recovering payment.

Name: _____

Signature: _____ Date: _____