

Financial and Practice Policies

Dear Patient, Guardian or Guarantor:

There have been many changes in methods of payment for physician's services. We have found that patients are often confused by their insurance policies. The purpose of this letter is to provide information and help prevent misunderstandings. We strongly recommend you research your benefits prior to your office visit.

YOUR RESPONSIBILITY

Insurance coverage is not a guarantee of payment. You the patient, guardian or guarantors are ultimately responsible for payment of services rendered by this practice. There are several reasons why your insurance may not pay for your visit. These include:

- You have not met your annual deductible
- You have not received the proper referral or preauthorization for this visit or procedure
- These services are not covered by your insurance
- We are currently not contracted with your insurance

See attached form

PAYMENT AT THE TIME OF SERVICE

Any co-payments, co-insurance or deductibles must be paid at the time of service. Payments may be made by cash, check, Visa, MasterCard, Discover, and most debit cards. Any returned checks will incur a \$25.00 administrative fee. **We require 24 hour notice for office visit and 48 hour notice to cancel any procedure appointment. There will be a \$45.00 charge assessed for any no-show or cancellations of office visits with less than 24 hours notice.** A billing statement will be sent to you explaining these charges. All cancellations/no show fees must be paid prior to having another visit to our office. Most procedures done here in our office will require a deposit fee of \$100.00 in order to hold your date/time for services. Failure to provide at least 48 hours notice prior to cancelling or rescheduling an appointment for a procedure will result in forfeit of deposit. The deposit will be applied to any insurance deductibles or co-insurance responsibility. After the claim is processed by your insurance company, partial or full amount of deposit will be refunded. For all non-insurance procedures deposit will be applied at time of service.

Our staff will take all necessary steps to get your services paid. Keep in mind your insurance policy is basically a contract between you and your insurance company. However, **you are ultimately responsible for the payment of services.** If your insurance company does not pay the practice within 60 days, you are responsible for paying any outstanding balances. If we later receive payment from your insurance company, we will refund any overpayment to you.

If past bills are sent to collections, there will be a surcharge to cover the cost of the collections agency. Once your unpaid balance is sent to the collections agency, payment must be made directly to the collection agency.

LABORATORY & PATHOLOGY SERVICES

Most insurance policies will only pay for laboratory or pathology services if processed at **specific, designated** labs. While we do our best, we cannot always determine with certainty which laboratory or pathologist your insurance carrier requires us to use. This means you could receive a bill from a laboratory if it is not contracted or if you have a deductible with your insurance carrier. Most lesions removed in our office are sent to a Pathologist for analysis.

MEDICAL RECORDS

Copies of your medical records may be obtained with written consent. The charge for this service is \$25.00.

MEDICATION REFILLS

Please allow at least 2 business days to process requests for medication refills.

By my signature below, I acknowledge I have read and understand the above statements and am willing to accept responsibility to pay for services rendered if my insurance does not cover them. I also understand I could possibly be responsible for laboratory and pathology charges as well. This authorization is not limited in time.

Signature of Patient or Responsible Party

Relationship to Patient (i.e. self, mother, father)

Date

Witness

Date



GRANITE BAY DERMATOLOGY
AND LASER CENTER

SCOTT B. HEARTH, M.D.

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A Member of Traditional Practice Alliance

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NOTICE OF PRIVACY PRACTICES

ACKNOWLEDGMENT OF RECEIPT

I hereby acknowledge that I have received a copy of this medical practice's **Notice of Privacy Practices (HIPAA Privacy Notice)**. I further acknowledge my understanding and agreement to the standards set forth in the notice. I understand that this practice will not use my Private Health Information for purposes other than those specifically described in the notice. Additionally, I understand that my Private Health Information may be used at the discretion of my physician or by his/her staff representative in order to facilitate my care with other physicians, laboratories/pathologists, or other healthcare professionals as necessary to render appropriate diagnosis and/or treatment.

Name of Patient: _____

Patient Date of Birth: _____

If not signed by the patient, please indicate:

Your name (please print): _____

Relationship:

parent or guardian of minor patient

guardian or conservator

To be in compliance with current federal government regulations, we are required to ask the following questions. Please understand that these questions are completely OPTIONAL and if you do not wish to answer them, please check the appropriate box.

What is your race: _____

What is your ethnicity: _____

What language do you speak: _____

I decline to answer these questions.

Patient Signature

Date

IMPORTANT INSURANCE INFORMATION

For those patients with HMO/managed care plans.

To make the billing process run smoothly, each patient's insurance benefits are verified a day prior to their appointment to ensure the eligibility and deductible/co-insurance responsibility of the patient/guarantor. Please note our office policy is to collect all co-payments, co-insurance, and deductibles at the time of service per your insurance policy.

There is often a great deal of confusion regarding the protocols required by managed care companies for services provided. Unlike most traditional or indemnity insurance plans, managed care companies (HMO's) require authorization for a visit to the physician's office and, pre-certification for a procedure that you may require. Some insurance companies provide the patient with written authorization for his/her visit and others simply give the patient an authorization number.

Authorization does not provide a patient with the necessary approval to undergo a procedure; it simply means you have permission to visit a specialist for consultation and/or an office visit. It may be necessary to obtain authorization each and every time you visit this office. This rule varies depending on your insurance carrier. Most of the procedures performed in this office require pre-certification. This means that at the time of your consultation visit, you may have to return at another day or time for the recommended procedure when proper certification is obtained.

Authorization and pre-certification varies from company to company. In many cases, pre-certification can be obtained by simply calling the insurance company. However, some insurance companies, require written documentation for a procedure for review by a specialist, medical director, clerk or panel of varied professional and nonprofessional people. This can sometimes take one or two weeks. We are often asked to submit photographs and number of treatments determined; once again the pre-certification is delayed.

Our billing staff is experienced and well-trained in obtaining pre-certification and authorization. Please keep in mind that this process is time consuming. It is often helpful for the patient to call his/her insurance company to help speed up the process.