



Billing and Collection Policy

Findley Dermatology, LLC. is committed to providing you comprehensive, compassionate, and convenient healthcare.

Billing to your Insurance Company

On your behalf, we will verify your coverage for your visit. We will bill your insurance company as a courtesy on your behalf for the services we provide. We are committed to providing you with the best possible care and would like to help you receive your maximum allowable benefits. In order to do this, we need your assistance and your understanding of our financial policies. **Payment is due for any copays, deductible, co-insurances or self-pay amounts at the time of service.** Our office accepts cash, credit/debit cards and checks. If required to pay the full charge amount up front, we can refund you the difference once your insurance processes your claim.

With all the variations in insurance policies, we ask that you please be familiar with the terms and policies of your insurance plan. Any problems with your insurance should be directed to your individual insurance company. After your visit and your claim has been processed by your insurance company, you should also receive an Explanation of Benefits (EOB) from your insurance company. It will list the services provided at Findley Dermatology, the amount that was billed, all payments made by your insurance company and what is your responsibility to pay.

Patients with Participating Insurances

Findley Dermatology participates with a variety of insurance plans. We encourage all of our patients to contact their insurance company **prior** to treatment to make sure that the visit will be covered at our office. It is the patient's responsibility to:

- Understand your insurance plan benefits and requirements, including co-payment/co-insurance and/or deductibles.
- Understand if your insurance requires a referral or an authorization for you to be seen and for the patient to obtain it **PRIOR** to your visit.
- Make sure to provide all your insurance information when you visit. We will ask to make copies of your insurance cards and your photo ID at the time of your visit. This will ensure we accurately bill your insurance.
- Bring an accepted form of payment and be prepared to pay any unmet deductible and/or your co-payment before each visit.
- Make full payment for medical care not covered under your insurance.
- Contact your insurance provider at the number listed on your insurance card if you have questions about your out-of-pocket responsibilities.
- It your responsibility to make sure we have your correct address information on file. Please advise us anytime there is any change to your address, telephone or other contact information.

Copayment and Deductibles

Copayments and deductibles are a contractual responsibility between you and your insurance company and are non-negotiable. It is our policy to collect all co-payments and/or any unmet deductible at every visit. Please do not ask to be billed. If you still have questions regarding your charges, you are encouraged to call our billing office at 1-401-415-8586, option 2.

Authorizations/Referrals

It is the patient's responsibility to contact your primary care provider for any required referrals and/or comply with your insurance carrier's policy regarding authorizations for office visits and procedures. The patient is responsible for any services denied for no referral or authorization.

Non-Covered Services

Please be aware that some, of the services you receive may not be a covered benefit under your insurance plan. You will be responsible for payment, in-full and at the time of service, for any non-covered services.

Self-Pay Patients without Insurance, Non-Participating Insurances or Out-of-Network Insurances

We accept patients without insurance. Payment is due and expected at time of service. Best efforts will be made by the billing department as a courtesy to estimate the total charges for your visit.

If you have insurance that we do not participate in, you will be responsible for full payment of all services at the time of service. Please do not ask to be billed.

If any portion of your visit was covered after payment was made, you will be sent a refund.

Secondary Insurance

If you have insurance coverage under more than one plan, we will as a courtesy file with your secondary insurance. It is your responsibility to inform us of your primary, secondary and tertiary insurance. Depending on the scope of the coverage, the secondary insurance may pick up costs that the primary coverage didn't cover. To do this, *we will need to know which plan is primary and which plan is secondary*, you will need to contact both of your insurance companies by calling the number on the back of your card.

Past Due Accounts and Collections Accounts

In some instances, we may find it necessary to bill your insurance company, and then bill you later. Payment will be due upon receipt of your statement. If your account is past due or has been turned over to a collection agency and you want to be seen, you are expected to pay the past due balance in full, as well as any current charges for which you are responsible. If payment is made by check and the check is returned by your bank for any reason, a \$25.00 returned check fee will be added to your account.

Financial Responsibility

The patient and/or guarantor are ultimately responsible for all charges associated with your visit regardless of insurance coverage. If your health insurance policy contains a deductible, we may require a preauthorized hold on a major credit card for future balances. We will verify your insurance benefits to the best of our ability, however, there may be additional balances due after your health insurance processes your claim according to your benefits.

Date _____

Patient Name _____

Responsible Party (If under 18 yrs of age) _____

Signature _____