



Arts

NOTICE OF PRIVACY PRACTICES

Uses and Disclosures

Treatment. Your health information may be used by staff members or disclosed to other health care professional for the purpose of evaluating your health, diagnosing medical conditions, and providing treatment. For example, results of laboratory tests and procedures will be available in your medical record for all health professional who may provide treatment or who may be consulted by staff members.

Payment. Your health information may be used to seek payment from your health plan, from other source of coverage such as an automobile insurer or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of services, the services provided, and the medical condition being treated.

Health care operations. Your health information may be used as necessary to support the day-to-day activities and management of Dermatology Arts. For example, information on the services you received may be used to support budgeting and financial reporting, and activities to evaluate and promote quality.

Law enforcement. Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public health reporting. Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to state's public health department.

Other uses and disclosures require your authorization. Disclosure of your health information or its use for any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us of your decision.



Financial Policy

Payments for services are due at the time services are rendered unless payment arrangements have been approved in advance by our staff. We accept cash, checks, and major credit cards. The only exception is our Medicare and participating HMO/PPO patients; we will file a claim directly with your insurance carrier.

INSURANCE: Plan provisions require HMO/PPO patients present a current insurance card at time of service otherwise, payment is due in full, and no adjustment will be made later. If we are not a participating provider with your insurance plan, a claim will not be filed and full payment is expected at the time service is rendered. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies that pay a percentage (e.g. 50% or 80%) of "U.C.R." "U.C.R." is defined as usual, customary, and reasonable. This statement does not apply to companies that reimburse based on an arbitrary "schedule" or fees, which bear no relationship to the current standard of cost and care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover. In the event your insurance carrier does not cover your service, you will be responsible for payment of that service and will be billed accordingly.

We must emphasize that, as a medical care provider, our relationship is with you, not your insurance company. While filing insurance claims is a courtesy that we extend to our patients, all charges are your responsibility from the date the service is rendered. We realize that temporary financial problems may affect timely payment on your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

NO-SHOWS: A patient will be considered a "No-show" if they are more than 10 minutes late for their scheduled appointment time or do not cancel their appointment at least 24 hours prior to their scheduled visit. We understand that appointments can sometimes not be kept, however, we request that if you cannot keep an appointment for any reason, kindly call us at least 24 hours in advance so that someone else may have your appointment time. Many patients need to see Dr. Master as soon as possible, and it is not fair for a patient to be denied treatment because another patient did not call to cancel their appointment in advance.

If you miss your appointment for a cosmetic procedure, arrive more than 10 minutes late, or simply choose not to attend it and have NOT called 24 hours prior to the time of the appointment to reschedule, you will be charged \$50.00 (fifty dollars) for the missed visit. This charge will be added to your account and you will be sent a bill reflecting the \$50 fee.

BE HERE EARLY: No one likes to be kept waiting, and it is our goal to stay on schedule so that neither your time nor our time is wasted. If you are late for your appointment we will see if we can work you in but there are no guarantees. You may be asked to reschedule your appointment for another day. Please understand that if you are late, it makes everyone else late for their appointment too!