



tel (203) 635-0770 | fax (203) 635-0771

www.ModernDermCT.com

info@moderndermct.com

FINANCIAL/OFFICE POLICIES

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Please remember that your health insurance is a contract between you, the patient, and your insurance company. It is **YOUR** responsibility to know your health plan benefits, including co-payment amounts, deductibles, co-insurance, required referrals, and lab contracts. As a service to you, we will submit a claim to your insurance company for all medical visit charges, but we do not share in the contract between you and your insurance company. A copy of your photo ID and insurance card (front and back) is required by our billing department to assist you in filing your claim.

It is the patient's responsibility to inform this office if your insurance requires pre-certification or pre-authorization of services prior to scheduling of such services. The patient will be responsible for services denied by insurance due to "No Eligibility," "Non-Covered Service," or "Pre-authorization/Certification Not Obtained." By signing this agreement, you understand that once your insurance plan has paid their portion for your care, you will receive an Explanation of Benefits (EOB) from your insurance company. The EOB will explain the source of any balance remaining that needs to be paid by yourself, the patient. Statements are released after our billing company receives any of the following: an insurance payment, an insurance denial, or an insurance non-payment for any reason. You are responsible for any charges not covered by your insurance plan. Any amount not covered by the insured/patient's insurance is due within 30 days of the time of service.

Referrals: Your insurance plan may require a referral to be submitted by your primary care physician before seeing a specialist (dermatology is a medical specialty). It is your responsibility to obtain any necessary referrals for your insurance plan to accept a claim for the visit. If you don't have a referral at your appointment time, the appointment will need to be rescheduled, and you will be charged a missed appointment fee. If a claim is denied due to lack of having this required referral, you (the patient) will be responsible for full payment of the office visit.

In Network Coverage: For insurance companies that we are contracted with, we can offer you a Good Faith estimate for your out-of-pocket expenses due at the time of the visit based on anticipated treatment codes. Estimates are calculated by your insurance clearinghouse but are not a guarantee of insurance coverage. Co-payments, co-insurance, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due at the time of service.

Medicare Patients: We will bill Medicare for you. We must have your signature on file, and we will also bill secondary insurance carriers for you. All co-payments are due at the time of service. The patient will be responsible for any balance not paid by Medicare and secondary insurance.

Out of Network Coverage: For these plans, your co-payment is due at the time of the visit. You are responsible for the charges of the provided services, which may be higher than the similar services for an in-network provider. Co-payments, co-insurance, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due at the time of service. You may opt to be a self-pay patient and submit your bill for reimbursement to your insurance company.

Medicaid/Husky: Modern Dermatology is not a participant in Medicaid or Husky primary or secondary insurance plans.

Self-Pay Patients: Self-pay or uninsured patients are responsible for payment at the time of service. The fee schedule is based on the established Medicare fee schedule in place.

Pathology/Laboratory Services: Modern Dermatology, P.C. uses third parties for our laboratory work and pathology services. You/your insurance will receive an additional bill from the lab service provider (Yale, New England Dermatopathology, Quest, LabCorp etc.). We are unable to adjust these charges as they are coded and billed by a separate entity.

Prescription Policy: Please call for refills during regular office hours and leave the patient's name, DOB, phone number, medication and the pharmacy requested on the prescription extension. Please allow 2 business days to complete the request. Some prescriptions may be delayed due to completing a Prior Authorization form set forth by the insurance companies. For oral medications, biologics, and some topical medications, the patient needs to be evaluated every 6 months. We cannot refill a prescription if the patient has not been evaluated within 12 months.

Non-Covered Services: Cosmetic and aesthetician services cannot be submitted to insurance, and payment in full is due at the time of service by credit card, check, or cash.

Returned Check Fee: All returned checks will be charged a \$30 processing fee.

MOHS procedures: Mohs Micrographic Surgery can be a relatively expensive procedure. We strongly suggest contacting your insurance carrier prior to the surgery date to discuss these costs and the amounts you will be responsible for paying directly to Modern Dermatology, P.C. When speaking with your insurance company, they will require the procedure code that is utilized by us for the surgery to determine the level of coverage. The codes that are used are often either 17311 or 17313. Your Mohs team can assist with more specific procedural codes if necessary.

Cosmetic Consultations: Your cosmetic consultation fee will be applied toward the cost of any cosmetic procedure or treatment scheduled within 90 days of the consultation.

Cosmetic packages: We offer packages on several cosmetic treatments as a way of cost savings to our patients. The full cost of the package is to be paid in full at the first session. Packages are non-transferable to any other person. If a patient opts to terminate the package prior to completion, the treatment(s) received will be charged the full cost per treatment (not the discounted package cost), and the patient will be refunded the remaining amount. Refunds can only be requested within 3 months of the first treatment. Packages must be completed within 12 months of purchase.

MISSED VISIT POLICIES (no shows, late cancellations, late rescheduling): Modern Dermatology institutes this so your appointment slot can be offered to another patient in need of attention:

- Medical appointments: We require at least 1 business day advance notice to avoid a \$100 fee.
- Excision appointments: We require at least 2 business days' advance notice to avoid a \$200 fee.
- Cosmetic and Aesthetician appointments: We require at least 2 business days' advance notice to avoid a \$150 fee per procedure scheduled.
- Mohs appointments: We require at least 2 business days' advance notice to avoid a \$400 fee.
- For larger procedures, 50% of the estimated fee will be collected as a deposit at the time of scheduling, and this deposit will be forfeited if the appointment is cancelled or rescheduled with less than 2 business days' advance notification.
- Modification to appointments that are part of a package that do not adhere to the 2-business day policy will result in a forfeit of that missed visit and it will be removed from the remaining package balance.
- Any missed appointments scheduled on a Saturday or Sunday will incur an additional \$100 fee added to above fees.
- After TWO missed appointments in a row and/or two same day cancellations, you may be subject for dismissal from the practice.

Credit Card On File (CCOF) Information

1. Requirements

Modern Dermatology PC requires all patients to keep a credit card on file. This policy streamlines the billing process for our patients and ensures that Modern Dermatology PC collects payment for services rendered in a timely manner. The credit card must be in the name of the patient or the patient's authorized "responsible person."

2. Use of Credit Card on File

The credit card on file will be used for any outstanding balances on your account present after 60 days of your first statement date. Statements are sent electronically by our billing company. Account balances could include, but are not limited to, "patient responsibility" as determined by your insurance carrier, residual balances from services not paid for at time of your visit and denied medical claims.

For your convenience, your credit card on file may be used to pay your co-payment at the time of your visit. It can also be used to purchase retail products, to place deposits, or to pay for cosmetic services.

****Please note, a NO SHOW or LATE CANCEL fee will be charged to your card immediately if we have not been notified of your cancellation within the required timeframe per our cancellation policy, please refer to our policies above.**

3. Changes to Credit Card Information

Patients are responsible for keeping their credit card information up-to-date and current with an active card. Future appointments may not be scheduled without an active credit card on file.

4. Security

Modern Dermatology PC takes the security of patient financial information seriously. Credit card information is entered and encrypted in our credit card processing server and complies with all required PCI standards. No financial information is fully visible to staff, held in our medical records system, or present at our office.

5. Receipts for automatic charges made to the credit card on file

Your insurance carrier EOB and/or your credit card statement will be your receipt. You can, of course, at any time contact us to have an itemized statement emailed to you. Email addresses must be verified for receipts to be shared to protect your personal information.

6. Collections

If payment is not received after receiving 3 statements (90 days) for the same unpaid balance, the account will be transferred to a collection agency and will be flagged as delinquent in the office. This will impede your ability to schedule future non-essential appointments until all balances are paid in full. We will have the option to require a deposit for future scheduled appointments for those patients with a delinquent account history. Failure to pay balances due can result in dismissal from the practice.

By signing this policy, I confirm that I have read and understand the Financial/Office Policies of Modern Dermatology, P.C, as well as the Credit Card on File Policy.

I authorize Modern Dermatology PC to keep my credit card number securely stored in the payment processing system.

I allow Modern Dermatology PC to automatically charge my credit card for any outstanding balances as outlined above. These may include: Insurance denials for any reason; missed or cancelled appointments; outstanding deductibles; co-insurances; partially paid claims. I authorize Modern Dermatology PC to keep my signature on file.

If the credit card I give today changes, expires, or is declined, I will give Modern Dermatology PC a new, valid credit card. I understand that I am responsible for payment for all medical services provided to me. I understand that this form is valid until I give a 30-day written notice to cancel the authorization to Modern Dermatology PC. Written notice must be submitted to our office. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated on this form.

I have read and understand the Financial/Credit Card on File/Office Policies of Modern Dermatology, P.C.

Patient or Legal Guardian

Date

Printed Name of Patient