



THREE RIVERS DERMATOLOGY

Financial Agreement

Three Rivers
DERMATOLOGY

THE ULTIMATE SKIN CARE CENTRE



Three Rivers Dermatology Patient Financial Agreement

Welcome to our practice! We are pleased that you have chosen us to provide your skin care. We feel that it is important that our patients are informed of the financial policies of this practice. We encourage you to discuss with any member of our team any questions you may have regarding these policies.

1. Patients must present current insurance card(s) at **every** visit. If you do not have your insurance card at the time of your appointment, payment in full will be expected at the time of service.
2. If your insurance company requires a referral, it is **your** responsibility to obtain the referral from the primary care physician **prior to** the scheduled visit. If no referral is available, the appointment will need to be rescheduled or you may pay for the entire visit at the time of service.
3. We will bill your primary (and secondary) insurance plan(s) for all charges for services rendered. You will be responsible at the time of service for payment of co-payments and charges for non-covered or cosmetic services. You will also be responsible for your annual deductible, co-insurance or any other amount your insurance requires you to pay. In the event that we are not aware of a charge that is not covered by your plan, you will be billed for the balance after we obtain a denial from your insurance.
4. If you have no insurance coverage or insurance coverage with a carrier with which we do not have a contractual relationship, you will be responsible for payment in full at the time services are rendered.
5. We do not accept nor file claims with any form of Medicaid (Anthem HIP, Hoosier Healthwise, Healthy Indiana Plan, MedWise, MDWise, and others). We are happy to see you on a self-pay basis; we require payment in full at the time services are rendered.
6. **Consultation Fee:** A consultation fee of \$100 is charged for discussions about cosmetic procedures. The fee must be paid at the time that the consultation is scheduled. That fee may be applied to the cost of the procedure if it is done within 6 months of the consultation. A consultation fee of \$95 is charged for skin care analysis, and a fee of \$49 is charged for make-up consultation/application; these fees may also be applied to the cost of products purchased within 2 months of the consultation.
7. **Treatment of Minors:** We realize that many families are in a state of change. Divorced, separated, single parents and blended families are common. In many of these families, the question of who is financially responsible for the child's care can be complicated. The policy in this office is that the parent who requests treatment for/accompanies the minor is responsible for all fees incurred. If another person is responsible for paying the bill, it is the responsibility of the adult who requests treatment for/accompanies the minor to forward the bill to that individual. If that individual does not pay, both parties will be referred to a professional collection agency.
8. **Disability Forms:** Disability forms can be very time-consuming to research and complete. A charge of \$25.00 for each form that is completed will be due at the time the form is presented for completion.
9. A year-end statement (for tax purposes) may be requested for a cost of \$5 and will be prepared upon receipt of your payment.

10. For tattoo removal, DOT treatments, and a select few other laser procedures, payment in full is required in order to schedule the treatment.
 - If you cancel or reschedule the treatment with notice of less than 2 business days, you will receive a refund/credit of only 50%
 - If you miss your appointment without notifying the office in advance, you will forfeit the entire payment for the procedure.
11. **Cancellation and No-show Fee:** It is important for you to understand that when you schedule an appointment, that time is held for you. If you have a conflict that would not allow you to come to your scheduled appointment, please contact the office at least 24 hours in advance to let us know and/or to reschedule. When you don't let us know in advance, this makes other patients wait unnecessarily to receive needed treatment. If you do not come to your appointment and you do not call to notify us in advance, you will be charged a \$50 fee.
12. **RETURNED CHECKS:** If a check is returned due to insufficient funds, we will contact you and request another form of payment for the amount of the check. Due to the additional handling and charges by the bank, an added fee of \$40 will also be due for each returned check. If payment is not received within 1 week, your account may be referred to a professional collection agency.
13. For your convenience, Three Rivers Dermatology accepts cash, check, Visa, MasterCard, American Express, Discover, and Care Credit. "Starter checks" (checks with no printed name and address) will not be accepted
14. Interest of 1.5% per month will accrue on any balance that is older than 30 days.
15. Any account overdue by more than 60 days may be referred to a professional collection agency. You will receive 1 statement. Approximately 1 month later, you will receive another statement and a letter indicating that you have 30 days to either pay your bill in full or contact us to make payment arrangements. When an account is sent to a collection agency, additional fees will be charged.
 - If your account has been in collections, and has been paid in full, for a period of 1 year thereafter, you will be required to pay for your visit in full at the time of service. We will submit the claim to your insurance company as usual and will reimburse you for any overpayment
16. **Product Return Policy** Unopened or unused products may be exchanged or returned for a store credit within 2 weeks of purchase. If the product is used or the package is opened in any way, a 50% re-stocking fee will be charged. If you feel that you have had an adverse reaction to any product, a return for full store credit may be allowed if you come into the office and allow Dr. Sassmannshausen to evaluate your reaction. Prescription products, by law, may not be returned under any circumstances.

AGREEMENT TO PAY FOR SERVICE

I agree that I may have to pay for the services provided to me by Three Rivers Dermatology. Even though I may have insurance coverage, I have final responsibility for payment to the practice. Therefore, I agree to pay for all medical charges my insurance does not cover either at the time of service or as soon as I have received notice. If I do not pay for the services within the specified time frame, I understand that I will also be responsible for all costs incurred by the practice in collecting such charges, including attorney fees, court costs and/or collection expenses.

Patient/Guardian Signature _____ Date _____