

## Missouri Dermatology Laser and Vein Center Financial Policies

- ▶ We will ask to see your insurance card at every visit. If you don't have your most updated card, you will be considered a self-pay patient or may be asked to reschedule your appointment. If our office is not filing an insurance claim for you, full payment is due at the time of service.
- ▶ It is your responsibility to know how your insurance policy works. We are not responsible for notifying you prior to your visit if any charges will be applied to your deductible or coinsurance. Additionally, if a referral is required for your services, it is your responsibility to acquire the referral before the appointment date.
- ▶ If we participate in your insurance, you are required to pay for all co-payments, deductibles, and coinsurance at the time of your visit. We accept checks and major credit cards. In the event that there is a remaining balance due after the claim is processed, you will be billed for that balance. Payment for the remaining balance is due at the time the statement is received or at the time of the next office visit, whichever comes first. If you cannot pay the balance at the next office visit, you will be asked to reschedule. A \$30.00 charge will be assessed for all checks returned by your bank.
- ▶ If your balance is still unpaid upon receipt of the third mailed statement, a \$25 late fee will be accrued for each additional communication that is mailed. If the balance remains unpaid following receipt of a final notice, your account will be forwarded for further collection attempts. In addition, a 40% collection fee will be added to the outstanding balance amount owed to our office. Attorney fees, court costs, and collection fees incurred in an effort to enforce payment will be the responsibility of the patient/guarantor.
- ▶ As a courtesy, we try to confirm your appointment. Circumstances do not always allow us to reach you. Therefore, please do not rely on us to remind you of an appointment. If you have questions about the date or time of your appointment, please call.
- ▶ We ask for at least a 24-hour business hour notice for all cancellations. Patients missed scheduled appointments for office visits or procedures without giving the office 24 hours' notice may be charged a fee:
  - Office visit: \$50 (second and subsequent occurrences)
  - Procedure visit: \$100 (per occurrence)
  - If missed appointment fee is assessed, all future appointments will be cancelled and no further appointments will be made for the patient until the assessed fee has been paid.
- ▶ The "Guarantor" is the policy-holder for the insurance plan covering the patient or the party responsible for self-pay charges if patient is not covered by insurance. It is the expectation of this office that in the case of a divorce, the two parental parties will handle payment arrangements without the involvement of our office. We will only bill the Guarantor.
- ▶ You may have a biopsy taken in the course of your office visit. Biopsy samples are sent to an outside lab and you will receive a separate bill from the lab/pathologist.