



Financial Policy

Thank you for choosing Cinco Ranch Dermatology. In order to provide high quality service to our community we have established financial policies, which we ask you to review carefully. Your clear understanding of our financial policy is important to our professional relationship.

INSURANCE / PAYMENTS:

We make every effort to verify benefits prior to your appointment time as a service to you; but we have no way of knowing what exclusions exist on each individual plan. Insurance carriers' state that verification of benefits is not a guarantee of payment and anything that is not covered by insurance is the patient's responsibility. Even though it may be stated that we take a certain insurance carriers policies, there is always a chance that your individual policy is **Out of Network** at our office as policies and networks are added and changed by the insurance carriers daily. We are currently **Out of Network** with any plans purchased through the Health Care Exchanges that were established by the **Patient Protection and Affordable Care Act (PPACA)** of 2010 and all **Medicaid** plans. Those patients will be subject to our self-pay rates. It is the patient's responsibility to determine that we are in network with their specific insurance policy. All of our providers do not participate with Medicaid and **we will not submit any claims to Medicaid for any services provided at Cinco Ranch Dermatology to any Medicaid recipient.** All Medicaid recipients will be responsible to pay for all services provided at Cinco Ranch Dermatology per Texas Administrative Code Title 1 Part 15 Chapter 354 Subchapter A Division 11 Rule §354.1131 Section (f).

If your insurance carrier does not cover a rendered service, requires that you pay a co-pay, requires that you meet a deductible before they make payments, requires a referral, or denies a payment altogether, the patient will be responsible for any outstanding balance. If we are unable to verify your benefits, payment will be due at the time of service.

Procedures done in the office (biopsies, freezing, topical destructions, injections, etc.) may be subject to your deductible and it is up to you to know your insurance benefits. Please take the time to become familiar with what your insurance will and will not pay prior to any visit.

All co-payments, co-insurance, deductibles, and other patient portions are due at the time of service. For your convenience, we accept cash and all major credit cards. Any overpayments will be returned within 30 days of your written or verbal refund request. Your insurance carrier is required to send you an explanation of benefits for each date of service (DOS) stating the amounts allowed, which can be compared to any payments made on the patients DOS. Sitters, grandparents, divorced parents, etc. must be prepared to pay at the time of service.

Cinco Ranch Dermatology does not get involved in disputes between divorced parents regarding financial responsibility for their child's medical expenses. By signing as guarantor below, you agree to be financially responsible for the care we provide to your child regardless of whether a divorce decree or other arrangement places that obligation on your former spouse. It is your responsibility to obtain reimbursement for any services from a former spouse. Detailed statements can be provided to either the patient or the guarantor for this purpose if requested. Please allow up to 30 days to receive those statements.

STATEMENTS AND NON PAYMENT:

Any balance will be due when a statement is sent. It is the patient's responsibility to make sure we have the most up to date address for any correspondence, or statement to be sent. Any card on file will be charged the outstanding balance on the account if payment has not been received 30 days after the first statement is sent. If a patient has a balance due at their next appointment date, the balance will need to be paid in full before seeing our physicians, aestheticians or other staff. We have the right to refuse to see a patient if they are unable or unwilling to pay for a balance due at that time. We may submit a claim to a collections company if there is persistent non-payment on a patient's account.

RETURNED CHECKS:

The charge for a returned check is **\$30.00** payable by cash, credit card, or money order in addition to the insufficient funds amount due. You may be placed on a "cash and credit card only" basis following any returned check. If payment for an insufficient check is not made within 10 business days, after a written notice is sent to you, then your check will be turned over to the District Attorney's Office and you will be responsible for all court costs that may be involved.

HMO:

All HMO plans require an active referral from your Primary Care Provider (PCP) to be seen at Cinco Ranch Dermatology. It is the patient's responsibility to make sure that they have a referral that is currently up-to-date, and whether they will need to get a new referral from their PCP. If a referral is absent, or out-of-date, then the patient will be responsible for all costs incurred at the date of service, or may be refused service.

IMPORTANT INFORMATION ABOUT BIOPSIES AND EXCISIONS:

It may be necessary to take a sample (surgical biopsy) of suspicious skin growths or rashes in order that microscopic examination of the sample can be performed, and a diagnosis made. Anything excised during a surgery will also be prepared and sent out to a dermatopathologist for microscopic examination.

This is to inform you that the work associated with processing each biopsy, preparing slides, microscopically examining the slide, and issuing a report of the resulting diagnosis (known as surgical pathology) is a distinct and separate service from the biopsy itself, and there will be a separate charge. The biopsy will be sent to our preferred Dermatopathology group, and you may receive a bill from their office depending on your individual insurance plan.

FILLER, LASER, COSMETIC AND MISSED APPOINTMENTS:

All filler, laser, and cosmetic appointments will require a credit card to be placed on file at the time of the appointment being made. Any filler or cosmetic appointment missed without a 24 hour notice will have their card charged a no-show-fee in the amount of **\$150.00**. These no-show-fees are applicable even if a prepayment of services has been made.

There is a **\$75.00** charge for the failure to keep a medical appointment without giving a 24 hour notice of cancellation, which may be charged using any credit card on file or card previously used at our office, by having any credits on the patients account applied to the no-show-fee, or by sending a statement to the patient.

IDENTIFICATION:

We ask that you bring your insurance card, and state or country issued photo identification to each office visit and notify our office of any changes to your address, phone, and insurance at each visit or upon making the appointment.

Medical records requests will be handled when accompanied with a signed medical records release. Our office does not charge to send a copy to another physician involving your continuation of care. All other requests will accrue a fee in accordance to the rules of the Texas State Board of Medical Examiners.

AUTHORIZATION:

I consent to treatment, including biopsies, necessary for the care of the below named patient. I understand that I will receive a separate bill from SAGIS, a dermatopathology lab, for each skin specimen processed.

I have read the entirety of the above financial policy and consent to treatment and payment for any services rendered at Cinco Ranch Dermatology that are not covered by my insurance policy.

Patient's Name Printed: _____

Responsible Parties' Name Printed: _____

Patient's or Responsible Parties' Signature: _____ Date: _____