



PATIENT FINANCIAL POLICY

Thank you for choosing Alabama Dermatology Associates as your dermatology care provider. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please carefully review the following information and return this form with your signature and today’s date. Your signature indicates that you understand our policy and that you agree to meet all the financial responsibilities explained below. If you have any questions about any of these responsibilities, please ask to speak to our business manager.

Charges incurred for services rendered by Alabama Dermatology Associates are your responsibility, regardless of insurance coverage. Assignment will be accepted for all insurances with which our practice participates. It is your responsibility to provide this office with accurate insurance information, and to notify us of any changes in health insurance coverage. If you have questions on network status/participation with your insurance, it is your responsibility to contact your insurance company directly.

Except for the exceptions listed below, we require all patients to provide a credit or debit card to be placed on file. We will charge this card with the portion of your bill for which you are responsible.

Your Plan	What You Do	What We Do
Medicare or Medicare + Secondary Insurance	Medicare requires you to pay your deductible (\$147.00 in 2014), copayment and coinsurance at the time of service. If you have not met your deductible on the day of your visit, you will pay either the entire remaining amount or \$75.00, whichever is lower, before you see the healthcare provider. You will also pay your copayment or coinsurance (20% of allowable charges) before services are provided. A good estimate of the coinsurance charge is \$15.00. This is the amount we will ask you to pay with each visit. You should know the amount of your copayment. You may choose to provide us with a credit or debit card to place on file. If you request any services that Medicare does not cover, you agree in writing to pay our regular fee for those services.	We will file Medicare and any secondary insurance for you. When we receive your Explanation of Benefits from Medicare and your secondary insurance, we will charge your credit card on file with any amount for which you are responsible. If you have overpaid, we will refund any overpayment to your credit card on file. If you do not have a credit card on file, you will be either billed for the amount you owe or will be mailed a check for any overpayment.
Medicare + Medicaid	Pay your copayment prior to seeing the healthcare provider. We do not require a credit card on file.	We will file Medicare and Medicaid for you.
Medicaid	Pay your copayment prior to seeing the provider. We do not require a credit card on file.	We will file Medicaid for you.
Blue Cross Blue Shield Humana Tricare United HealthCare	Pay your deductible, coinsurance or copay prior to seeing the provider. Provide us with a credit or debit card to place on file ^{1,2} .	Prior to your visit, we will contact your insurance company and determine your financial responsibility, including copayment and deductible. We will collect these amounts on the day of your visit, prior to you seeing the healthcare provider. If you have not met your deductible, we will collect either the entire remaining amount or \$75.00, whichever is lower. We will file your insurance for you. When we receive your Explanation of Benefits, we will charge your credit card on file with any amount for which you are responsible. If you have overpaid, we will refund any overpayment to your credit card on file.



Alabama Dermatology Associates

Medical, Surgical and Cosmetic Skin Care Specialists

Aetna, Cigna, and other plans not listed above.	We do not accept your insurance. You will be required to pay \$75.00 prior to seeing the healthcare provider. You will be responsible for the entire cost of the visit. We do require a credit or debit card on file ^{1,2} .	If the actual cost of your visit is more than \$75.00, we will charge the difference to your credit card. If your actual cost is less than \$75.00, we will refund the difference to your credit card. We will file your insurance claim for you. You will receive payment directly from your insurance company if the services provided are covered. The amount you are reimbursed, if any, will likely be less than the amount you paid.
Health Savings Account (HSA)	Your HSA credit/debit card must be on file. If your HSA credit/debit card does not have sufficient funds, we will ask for an additional card on file.	We will file your insurance and if the amount due is not paid via your HSA, we will charge your HSA credit/debit card on file.
Full Pay (Self Pay)	You will be required to pay \$75.00 prior to seeing the healthcare provider. You will be responsible for the entire cost of the visit. Be prepared to pay any remaining balance on the day of your visit, after you see the provider. We suggest that you bring \$150.00 in cash or you may pay with a credit card and you may choose to place a card on file.	If the actual cost of your visit is more than \$75.00, we will collect the difference after you see the healthcare provider. If your actual cost is less than \$75.00, we will refund the difference.

1If you do not have or choose not to provide a credit card on file and you are a new patient (not seen by any provider at Alabama Dermatology Associates within the past 3 years); you may opt out of your insurance plan and be treated as a Full Pay patient (see above). Your charges will not be filed with your insurance company and that company will not reimburse you.

2If you do not have or choose not to provide a credit card on file and you are an established patient; you may request an exemption from our credit card on file policy. Your previous payment history will be reviewed and you may be given the exemption if you have no outstanding balance, no late payments, and no bad debt. If you do not qualify for an exemption, you may opt out of your insurance plan and be treated as a Full Pay patient (see above). Your charges will not be filed with your insurance company and that company will not reimburse you.

If you do not want your charges filed with your insurance company, you may opt out of your insurance plan and be treated as a Full Pay patient (see above). Your charges will not be filed with your insurance company and that company will not reimburse you.

A Note to Our Surgical Patients: Prior to your surgery, we will determine what your insurance coverage is, and what your financial responsibility will be. The business manager will develop an individual payment plan for you to cover your out-of-pocket expenses, if any.

Payment for cosmetic procedures will be required when the procedure is scheduled or at the time the service is provided, at the providing physician's discretion.

If you cannot keep your appointment, please call at least 24 hours in advance to cancel or reschedule. If you fail to keep your medical appointment you will be subject to a missed appointment fee of \$50.00. If you fail to keep a surgical or procedural appointment, you will be subject to a \$100.00 fee. At our discretion, the appropriate fee may be charged to your credit card on file. You will be unable to schedule another appointment until the missed appointment fee is paid in full. If you fail to keep your appointment three times, you will be subject to discharge from the practice.

There is a \$25.00 fee for returned checks.

Signature of Patient or Legal Guardian: _____

Print Patient's Name: _____ **Date:** _____