

Mt. Lebanon Dermatology, PC
Financial Policy

INSURANCE:

We participate with most insurance companies. We do not participate with Access, Gateway, Unisom or Workmen's Compensation. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if group plan) or to your agent. Insurances vary in their coverage and it is the patient's responsibility to understand his/her medical benefits.

Very few insurances pay "everything" at 100%. There may be limitations and exclusions to coverage. The patient portion is set by the insurance company. Patients are responsible for any coinsurances, deductibles and any other non-covered billable services.

We do not bill third parties. It is the responsibility of the patient to satisfy any outstanding balances here. We will provide statements as proof of payment for patients to pursue reimbursement from the third party payer.

INSURANCE CARDS:

You will be asked to provide your insurance card(s) at every visit. This is to insure that the information we have is correct. Out of date cards with incorrect information or the wrong insurance cards can cause unnecessary delays in the payment of your claim. Frequently, small changes (e.g., a group number change or plan change) are not considered significant by patients, but insurers will not process claims that are not 100% accurate.

CO-PAYS:

All office co-pays are to be paid at the time of service. This is an insurance company policy. If you do not pay your co-pay at the time of service a \$10.00 service fee will be applied to your account. We accept cash, checks, Visa, Master Card. If you pay in cash at the time of your service, please request a receipt.

PAYMENTS:

* A balance due statement is sent to the patient immediately after payment is received from their insurance company. Unpaid balances are due upon receipt of this statement.

* If payment is not received within 30 days, you will be sent a delinquent notice.

* If payment is not received within 60 days, your outstanding balance will be transferred to "Transworld Systems" a balance facilitator. At that time, a \$10.00 service fee will be added to your balance.

* If payment is not received within 90 days, your outstanding balance will be transferred to "Credit Management Services" a collection agency. This is an agency that affects credit. At this time, the patient and his/her family are discharged from the practice.

* Partial payments are readily accepted. However, the patient must continue to make monthly payments on their account. An addition statement will not be sent. If a monthly payment is missed, the account will be transferred to "Transworld Systems".

* If the patient's check is returned to us by the bank or a credit card payment (by mail) is denied, a \$25.00 returned check/credit card fee is assessed on the account.

CANCELLING APPOINTMENTS AND MISSED APPOINTMENTS: Due to a high volume of patients that need our care we must enforce the following policy: A 24 hour notice of cancellation is required.

If you or your family members (on your account) miss 2 office appointments (without canceling) or cancel 2 office appointments without the required 24 hour notice, or a combination of the two, a 50.00 charge will be applied to the responsible party's account. After the first missed office appointment, the responsible party will be sent a letter reminding them of our missed appointment policy.

If you or your family members miss a surgical or a cosmetic surgical appointment (without canceling with the required 24 hours notice), a 100.00 charge will be applied to the responsible party's account. A letter explaining this charge will be sent to the responsible party.

COSMETIC SERVICES: All charges for cosmetic services must be paid at the time of the visit.