

## Financial Policy

Thank you for choosing West Omaha Dermatology, LLC as your dermatology care provider. The staff at West Omaha Dermatology, LLC understands that our primary purpose is to provide you with the highest quality of care. We pledge to do this, and to do our part in controlling medical costs. We believe that part of a good health care practice is to establish and communicate a financial policy to our patients. Your understanding of our patient responsibility policy is an essential element of your care and treatment.

West Omaha Dermatology, LLC participates in most insurance plans. West Omaha Dermatology, LLC will bill the patient's insurance company as a courtesy. Insurance claims will be filed daily. The patient's insurance company may request patients to supply certain information directly, that is the responsibility of the patient to comply with their request. The patient is directly responsible for the balance of their claim, whether their insurance company pays the claim or not. The patient's insurance benefit is a contract between the patient and the insurance carrier; West Omaha Dermatology, LLC is not a party to that contract.

### **Medicaid:**

West Omaha Dermatology, LLC does not participate in Medicaid plans. For patients with Medicaid as a secondary insurer, any residual balance not paid by the primary insurance will be the sole responsibility of the patient. West Omaha Dermatology, LLC will not bill Medicaid plans.

### **Referrals and Authorizations:**

It is the patient's responsibility to obtain any referral or pre-authorizations prior to the time of their visit or procedure. If the patient is unable to obtain the authorization at the time of their appointment, they will need to be rescheduled.

### **Co-payments and Deductibles:**

All co-payments must be paid at the time of service. This arrangement is part of the patient's contract with their insurance company. Failure by West Omaha Dermatology, LLC's staff to not collect co-payments and deductibles from patients can be considered fraud.

### **Cosmetic and Non-Covered Services:**

Both medical and cosmetic dermatologic services are provided in our office. Charges for cosmetic services will not be billed to insurance and will be due at the time of service. Removal of skin tags or other benign lesions may not be covered by your insurance plan and therefore will be considered a cosmetic procedure.

Medical and cosmetic services are billed separately and differently, even if both are addressed during your appointment. If you are scheduled only for a cosmetic visit but mention a medical concern during your appointment, we will address your concern as time permits. As a courtesy to you, we will file applicable medical claims to your insurance company. Amounts not covered by your insurance are your responsibility.

**Pathology and Laboratory Services:**

West Omaha Dermatology, LLC sends all pathology and laboratory specimens to Regional Pathology Services. Patients will receive a separate bill from Regional Pathology Services for these services.

**Proof of Insurance:**

All patients must complete patient registration before their appointment. West Omaha Dermatology, LLC must obtain a copy of the current valid insurance card to provide proof of insurance. If the patient fails to provide this information in a timely manner, they may be responsible for the balance of their claim.

**Card on File Policy:**

West Omaha Dermatology, LLC requires that patients provide a form of payment ("Card on File") at their visit in case of residual patient cost responsibility after insurance adjudication. A physical card is required to complete the "Card on File" processing. A \$1.00 authorization will be processed and then will be removed from your account typically within 7 business days. Credit card information is encrypted and stored securely online. No financial information will be available to our staff or held at our office. Any remaining balance will be charged to your card 14 days after your billing statement has been sent. Please note that this will not compromise your ability to dispute a charge or your insurance company's determination of payment. Patients who decline to store a card on file will not be seen for their appointment.

**Methods of Payments:**

West Omaha Dermatology, LLC accepts payment by cash, check, VISA, MasterCard, Discover, American Express.

- A \$35.00 service charge will be assessed for returned checks

**Self-Pay Patients:**

Patients who do not have health insurance will be required to pay for all services at their time of check in. A fee schedule can be provided upon request.

**Late Cancellations & No-Shows:**

At West Omaha Dermatology, we strive to provide the highest quality care to all our patients. To ensure that we can accommodate all patients in a timely manner, we have implemented the following policies regarding late cancellations and no-shows:

1. Late Cancellation / No-Show Fee:
  - Follow-Up Patients: If you cancel your appointment with less than 24 hours' notice or fail to attend your scheduled appointment without prior notice, a \$50.00 fee will be charged to the card on file.
  - New Patients: For new patients, a \$50.00 rebooking fee will be charged for appointments canceled with less than 24 hours' notice or if you fail to attend your scheduled appointment without prior notice. This fee will be collected at the time of making a new appointment.
2. Discharge Policy:
  - Patients who have three (3) instances of late cancellations or no-shows will be discharged from our clinic.

**Billing Statements:**

The balance of the patient's statement is due and payable when the statement is issued. Patient will receive statements via their preferred method (email or mail). Fourteen (14) days following statement issuance, the balance will be charged to the card on file if payment remains outstanding.

**Collections:**

Past due accounts are subject to collection proceedings. Fourteen (14) days following statement issuance, we will charge the balance to the credit card on file. If we are unable to run the card on file, we will send an additional statement. After 60 days your account will be turned over to our collection agency and you will be responsible for all collection and fees that the practice incurs as a result. We reserve the right to refuse to see any patient that has been placed into collections.