

FINANCIAL POLICIES

Fees: Payment for office visits and procedures are expected at the time of service, excepting certain insurance (see below). It is impossible to quote what an "office visit" will cost. The fee is dependent on the number of problems an individual presents with and the complexity of the problems. Only Dr. Fitch can determine the fee and this is based not only on the time involved but the level of decision making also.

Insurance: PROCESSING INSURANCE CLAIMS IS AN INCREASING AND UNFUNDED BURDEN. PLEASE HELP US TO MAKE IT EASIER.

Insurance guidelines differ from physician to physician office. Each office sets its own guidelines based on specialty and the physician's personal preference. There are hundreds of different insurance policies and each policy have many different plans. Without physically seeing a patient's card, we are unable to guarantee that we are a participating provider. We ask that you fax the FRONT and the BACK of your card to our office so we can predetermine if we participate (803-642-8495)

- * Please provide us with information on all insurance plans under which you are covered. If it is later discovered that you have other coverage and additional insurance filings are required, you will be charged a \$25 processing fee per each claim that must be filed again. In addition, if your insurance does not pay because of your not giving timely and correct insurance information, you will be responsible for payment in full. You will accept financial responsibility if we have filed a "clean claim" to your insurance carrier and we have received no payment in 90 days. Any balance due if your carrier deems a procedure is cosmetic will be the patient's responsibility.
- * As a courtesy to you, we will file your insurance claims for you (if greater than \$150) if you assign benefits to Aiken Dermatology. However, a co-payment, co-insurance, or deductible may be due at the time of your visit per your contract with your insurance company. These are calculated on based on our best efforts. Any differences will be billed OR credited/refunded to you.
- * Your insurance plan's benefits may change from time to time. It may not cover something that was covered on a previous visit.
- * You are responsible for responding promptly to requests from your insurance company to provide any additional information they may require from you. If you do not provide the requested information and they do not pay us for this reason, your account will become due and payable, in full, immediately.
- * Contrary to common understanding, all procedures (e.g. warts, injections) are considered "surgical procedures" by most insurance companies and the fees for these services may apply to a separate surgical deductible, co-payment or co-insurance.
- * In our office, your surgical charge includes a suture removal visit. If, at the time of suture removal you wish to discuss or treat unrelated conditions, then you will be charged for a regular office visit.
- * Pathology and laboratory fees are separate and are billed by the lab performing the services. Please do not call our office if you have a question about their billing.
- * We charge for no-show visits that are not cancelled within 24 hours.

* Fraudulent checks (bounced). Any check submitted to Aiken Dermatology which is not honored by the bank will be immediately assessed a \$30 penalty. The patient will be notified and will have 5 days to make payment. This payment must be made in cash or money order.

*Collections. Any account (not pending insurance) that is 90 days past due will be turned over to a collections agency. Any collection fees, legal fees or attorney's fees associated with this will be added to the amount owed.

* Medication refills. To ensure patient safety, certain medications are not renewed over the phone, fax or mail. There is a \$15 administrative fee for calling in lost prescriptions. There is also a \$10 administrative fee for the burdensome labor of performing "Prior Authorizations". When Dr. Fitch has written a perfectly legible and legal prescription and given it to the patient and the insurance company then mandates a "Prior Authorization" this results in double work for the office for no reason.

If your insurance company requires a specific lab for specimens or blood work,

List it here: _____

Signature

Date

I have read and I understand the policies outlined above and I agree to be bound by their terms.

Signature

Date

Printed name