



MOORE DERMATOLOGY ASSOCIATES FINANCIAL POLICY

Thank you for choosing Moore Dermatology Associates
for your dermatologic care.

In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy:

Payment in full is due at the time services are rendered. As a courtesy to our patients, we accept cash, personal check, money order, debit cards, Visa, MasterCard and Discover. We do not accept American Express. We also provide our patients the ability to pay for their accounts over the phone by calling **708 450-5086** or by visiting our website at www.mooredermatology.com.

PLEASE BRING THE FOLLOWING ITEMS WITH YOU TO EACH APPOINTMENT:

- *Health Insurance Card(s)
- *Driver's License/Photo I.D.
- *Method of Payment
- *Medication List

APPOINTMENTS:

- *Please arrive for your appointment at least 15 minutes early to allow for patient registration.
- *If you arrive more than 15 minutes late for your appointment, you may be asked to reschedule your appointment.
- *It is your responsibility to verify that the physician is currently in-network with your insurance plan.
- *If you belong to an insurance plan that requires that you have a referral, it is your responsibility to obtain all necessary referrals **BEFORE** your scheduled appointment. Failure to confirm this may result in your responsibility for any and all charges.
- *Please inform the receptionist of any demographic changes: phone number, address and email address.
- *Please inform the receptionist of your current **insurance coverage**. Failure to notify us immediately of any insurance changes, may result in you being responsible for any services not covered by your insurance carrier.
- *All copays and balances are due at the time of service prior to seeing the provider.

MISSED OR CANCELLED APPOINTMENTS AND OTHER FEES:

- *Patient must notify the office 24 hours in advance to cancel an appointment, otherwise, a **\$25.00 "No Show"** fee may be billed to the patient.
- *There will be a fee of **\$25.00** for any returned check to our office.

IN-NETWORK INSURANCE:

- *Your insurance coverage and benefits are a contract between you and your insurance company. Therefore, all disputes must be handled between you and your insurance company.
- *Remember that insurance is considered a method of reimbursing the patient for fees paid to the doctor and is not a substitute for payment.
- *Some companies pay fixed allowances for certain procedures, and others pay a percentage of the charge. The extent necessary to determine liability for payment and to obtain reimbursement, may require that you authorize disclosure of portions of the patient's (your) record.
- *We are contracted with multiple insurers to accept assignment of benefits.
- *We are required to file with your primary insurance carrier only. As a courtesy to our patients, we will file a claim with your secondary insurance. **The medical insurance you supply to our office must be accurate and up to date.**

OUT-OF-NETWORK INSURANCE:

- *If you have insurance coverage under a plan with which we do not have a contract, you may be considered a "self-pay" patient.

PAYMENT IN FULL IS DUE AT THE TIME SERVICES ARE RENDERED:

- *Your deductible is your responsibility and an agreement that you made with your insurance company, we will not "write off" your deductible.
- *We submit to the insurance company the services that were rendered to you via "CPT" codes. The insurance company then deems what the allowable amount is that you can be billed for the services rendered.
- *Copays, coinsurance amounts, deductibles and outstanding balances are the patient's/legal guardian's financial responsibility and are due during the check-in process. Failure to produce payment at check-in may result in your appointment being rescheduled.
- *Product purchases, cosmetic procedures and all non-covered services are the patient's/legal guardian's financial responsibility and are due at the time of service.
- *Any amount not covered by the insured/patient's insurance is due within **30 days of the date of service.**
- *If payment is not received within 30 days of the date of service, a service charge may be applied.
- *Failure to pay balances may result in discharge from the Practice.

COSMETIC/ELECTIVE/ESTHETICIAN PROCEDURES:

- *By definition, these procedures are not covered by insurance companies; and this office does not submit claims on their behalf. A \$50.00 deposit may be requested when a cosmetic appointment is made. If you fail to keep that appointment or do not cancel 24 hours in advance, this \$50.00 deposit will not be returned. Payment in full is required at the time of the procedure.

MEDICARE PATIENTS:

- *Please make sure you have a full understanding of your benefits and what might be your responsibility if not covered by your insurance plan.
- *Medicare requires that we provide patients with a written notification whenever it is likely that you will be responsible for a bill.

MINOR PATIENTS:

- *The parent/legal guardian accompanying a minor are responsible for providing current insurance information for the minor, as well as, full payment for the services provided.
- *Parent/legal guardian must complete a **“Consent To Treat Minor Patient-Without Parent/Legal Guardian Present”** form each time a minor arrives unaccompanied by a parent/legal guardian for an appointment.
- *In compliance with HIPAA regulations, we are unable to discuss any detail of services rendered, or produce an Itemized bill for any parties that are not the patient or parent/legal guardian unless otherwise documented.
- *Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient.

LAB/HOSPITAL CHARGES:

- *Any service(s) provided by a lab or hospital is a contract between you and that lab or hospital and should be handled with that lab or hospital and is not the responsibility of our Practice.
- *It is your responsibility to know which procedures your insurance will and will not cover at these facilities and to request an Explanation of Benefits (EOB) from your insurance carrier.

COLLECTIONS AND OUTSTANDING BALANCES:

- *Any outstanding balance after **60 days of the date of service** may be referred to an outside collection agency. Accounts turned over to collections for non-payment will be charged a \$30.00 collection fee. In addition, if this account is assigned to an attorney for collection and/or suit, the prevailing party shall be entitled to reasonable attorney’s fee and costs of collection.
- *Patients with delinquent accounts or accounts which have been sent to collections may be discharged from the Practice.

PAYMENT PLANS:

- *Our office will be happy to work with you in order to pay any balance due to the Practice.
- *Please contact our billing department to discuss a payment plan with the Practice.
- *Please allow five (5) mail days prior to each due date for each payment to be received by the Practice.
- *Please mail all payments to our office at the following address:

**Moore Dermatology Associates
501 W. North Ave., Suite 103
Melrose Park, IL 60160**

- *To make payment by phone, call our office at 708-450-5086 or visit our website at www.mooredermatology.com. We accept all major credit cards except American Express.

REFUNDS:

- *Refunds are issued only to the appropriate party when requested.
- *Patient refunds will not be processed until all active or past due charges are paid in full.

MEDICAL RECORDS/CONFIDENTIALITY:

- *Your medical records will be held in the strictest confidence. Moore Dermatology Associates makes every effort to be fully HIPAA compliant. A copy of the **“NOTICE OF PRIVACY PRACTICES”** is posted in the office and on our website and can be made available to you upon request. If you request a copy of your records to be sent to another physician or to yourself, a written authorization to release information will be required. Only the records requested will be supplied/forwarded. A processing fee and additional costs may apply.