



5730 Glenridge Drive, Suite T-100, Atlanta, GA 30328 (404) 939-9220

FINANCIAL POLICY AGREEMENT

---

PATIENT NAME (PLEASE PRINT)

CHART/ACCOUNT NUMBER

Medical Dermatology Specialists is committed to meeting your health care needs. Our goal is to keep your insurance or other financial arrangements as simple as possible. In order to accomplish this in a cost effective manner, we have adopted the following financial policies and ask that you adhere to the following guidelines:

1: You are ultimately responsible for payment of charges for services you receive from our office. Any check payment dishonored by your bank may result in a \$45.00 returned check charge being added to your account.

\_\_\_\_\_ (initials)

2: It is your responsibility to provide us with your current address, telephone number, an insurance information at each visit.

3: It is your responsibility to contact your insurance carrier to confirm that our physicians participate in your plan. If you see our doctor and they are not currently on your plan, you will be responsible for payment in full.

4: All co-payments and deductibles are due at time of service. A \$25.00 service fee will be charged for failure to pay the co-payment or deductible at time of service. We also reserve the right to refuse to allow any follow up visits if an outstanding balance exists. \_\_\_\_\_ (initials)

5: If you miss your appointment, you will be charged a NO-SHOW fee of \$50.00 for each appointment missed. The NO-SHOW fee of \$125.00 will be charged for a missed procedure/surgical/cosmetic service visit. All cancellations must be at least 1 business day prior to the time of the visit to not be charged a NO-SHOW fee. Even rescheduling less than 24 hours prior to your appointment will result in the charge of the NO-SHOW fee.

\_\_\_\_\_ (initials)

6: If your plan requires a referral it is your responsibility to obtain this prior to being seen by the doctor. If we are required to obtain the referral for you, please notify our office 72 hours prior to the visit so that we have ample time to acquire this information from your insurance company.

## FINANCIAL POLICY AGREEMENT

7: Laboratory/Pathology services may be provided by a contracted outside reference lab. Lab/Path charges not covered by your medical insurance will be billed to you by an independent lab/path billing service. I accept responsibility for valid lab/path charges not covered by my medical insurance plan.

8: All medical record requests must be in writing and received in our office 1 week prior to the date needed. Records over 10 pages will only be mailed, not faxed and all medical record requests will have a fee associated based on the number of pages. The usual range of fees for this service is \$10-\$50, however, very large files may actually require a fee greater than \$50.

9: Your insurance company will send you an Explanation of Benefits (EOB) that will explain how the insurance company paid your bill. The EOB will also explain any amount for which you may be responsible. Some insurance plans require you to pay different out of pocket amounts based on where the service is performed. By law, you are responsible for these amounts, as well as for any non-covered services outlined in your health plan. MDS will submit primary, secondary and tertiary claims of our contracted payers on your behalf, but you the patient are responsible for any co-payments, co-insurance and all deductibles. If you did not pay these fees at the time of service they are due in full upon receiving a statement with amount owed from our office or billing service.

\_\_\_\_\_ (initials)

10: Refunds will be processed within 4-5 weeks after any overpayment is discovered on the patient's account or at the time the refund is requested. Patients who have insurance but have made a partial payment or payment in full will not be refunded until payment is received in full from their insurance company. \_\_\_\_\_ (initials)

11: Our office specializes in Medical Dermatology which means a vast majority of our patients require certain administrative services from us for you that are not covered by your insurance company and that you will be responsible for. Due to that reason our office is collecting an optional Administrative Services Fee (ASF) of \$50.00 annually. If elected, the ASF will be effective for a 12 month period from the date you signed. The ASF is only intended to cover the costs of certain administrative services we may provide that are not covered by your insurance. You are not required to pay the ASF; however, if you choose not to pay the optional fee, you will be charged for all non-covered administrative services, as needed. A list of administrative services with associated fees is listed below. \_\_\_\_\_ (initials)

## ADMINISTRATIVE SERVICES FEE (ASF)

Services you are responsible for paying as needed and/or have requested. Includes but not limited to:

1: Completion of all patient requested forms, letters and/or documents requiring the physician's signature; which also include administrative forms requested by third parties, (excludes your insurance company and/or another physician) will be provided to you at \$50 per form.

Examples of the forms you the patient may request us to complete and provide:

- a. School
- b. FMLA ( Family Medical Leave Act)
- c. Disability
- d. Employer
- e. Patient Assistance forms

2: Computer-generated reports (claims, statements, payment history, etc.) patient requests, will be charged up to \$15 per report provided. These reports are sometimes needed for flex benefit plans and/or yearly tax needs.

3: Appeals or Pro-longed Prior Authorization process are not required of a medical office. Once a medication is decided upon by your doctor, your insurance company may decide that you require a prior authorization prior to covering that medication. Becoming familiar with the prior authorization process may enable you to get your medicine approved faster. But beware, not all medicines will be approved. Even if we and you do everything right, the insurance company may still refuse to cover your medicine. In the end, the insurance company is the one making the decision. To resolve this issue your physician may just change your prescription to another drug that does not require a prior approval. Since your doctor is not aware what your specific insurance company has on their formulary, this step will be done when possible and is an easy but sometimes timely solution. Other times a prior authorization will be completed which entails sending over paperwork requesting a specific medication to your insurance company. The waiting process begins and the medical office will wait for further instructions from your insurance company, usually a request regarding medical records, as well as a reason why the prescribing physician would like to use that specific medication. Once all that is done a review and decision will occur, this process may take 2-3 weeks, in some circumstances, it can actually take months. Depending on the PA decision and your specific request or demand for that particular medication and/or appeals process may begin. The appeals process is a very lengthy and a time consuming process in which administrative services and physician services are not covered by your insurance, the time and effort required to fight an appeals process can be months.

ADMINISTRATIVE SERVICES FEE (ASF)

This process is also not required of a medical office as standard of care. If ASF was not elected an appeal fee of \$150.00 per appeal will be charged, regardless of the outcome of the appeal.

4: The ASF does NOT include medical records copying and forwarding of medical records, that is a separate fee.

PLEASE ACCEPT ONE OF THE FOLLOWING OPTIONS:

- 1) I ACCEPT THE FINANCIAL POLICY THE INCLUDES PAYMENT OF THE ASF. IF ELECTED, THE ASF WILL BE EFFECTIVE FOR A 12 MONTH PERIOD FROM THE DATE SIGNED.
  
- 2) I ACCEPT THE FINANCIAL POLICY, BUT CHOOSE NOT TO PAY THE ASF. I UNDERSTAND THAT I WILL NOT BE GIVEN THE CHANCE TO PAY THE ASF FEE AT A LATER DATE DURING THIS 12 MONTH PERIOD FROM THE DATE SIGNED.

I PATIENT/GUARANTOR CHOOSE OPTION \_\_\_\_\_

\_\_\_\_\_

PATIENT/GUARANTOR SIGNATURE

DATE

Remember if you choose NOT to pay the ASF fees today, you will be charged the administrative services when you request them. They will have to be paid prior to receiving the service.