



### **Financial and Office Policy Consent**

Thank you for choosing Lone Star Dermatology for your health care needs. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policies.

#### **Payments**

**Please remember that your health insurance is a contract between you and your insurance company. You are responsible for any out-of-pocket expense (copay, deductible, co-insurance). It is YOUR responsibility to verify with your insurance and know your health plan benefits, including co-payment amounts, deductibles, co-insurance, and lab contracts. All charges for services rendered are due and payable in full at the time of service, regardless of whether you have insurance.** As a service to you if your insurance is in-network, we will submit a claim to your insurance company for all visit charges, but we do not share in the contract between you and your insurance company. You are responsible for any charges not covered by your insurance plan. Any amount not covered by the insured/patient's insurance is due within 30 days. A photo-copy of your ID and insurance card is needed by our billing department to assist you in filing your claim. It is the patient's responsibility to inform our office if your insurance requires pre-certification or pre-authorization of services prior to scheduling of such services. The patient will be responsible for services denied by insurance due to "No Eligibility", "Non-Covered Service", "Pre-authorization/Certification Not Obtained." Statements are released after your insurance pays, denies, or non-payment by your insurance.

**We Accept:** Cash, checks or Credit / Debit cards. Your card number is stored with our HIPAA and PCI compliant payment processor. We can only see the last 4 digits of your card number and the expiration date.

**Adult patients:** Adult patients are responsible for final and full payment of any out-of-pocket expenses (examples are co-pays, deductibles, co-insurance, self-pay) at the time of service.

**Minor patients:** The parent/guardian who signed the initial patient registration information for the minor and therefore initiated, read, and agreed to our policies is responsible for all out-of-pocket expenses (examples are co-pay, deductible, co-insurance, self-pay). This also applies to cases of divorce. If a minor is accompanied by a parent/guardian other than the one who signed the minor's initial registration forms or an adult other than a parent or guardian, payment is still expected at the time of service for out-of-pocket expenses due at the visit (examples are co-pays or outstanding out-of-pocket balances due). For unaccompanied minors, the parent/guardian who signed the patient registration papers approves charges to an approved credit/debit card, or check at the time of service.

#### **Regarding Insurance and Patient Payments**

We may accept assignment of in-network insurance benefits. The balance of your statement is your responsibility whether your insurance company pays us or not. We cannot bill your insurance company unless you give us your insurance information. Your insurance policy is a contract between you and your insurance company. We are not a third party to that contract. Insurance companies have 100s of networks/plans and constantly change provider in-network versus out-of-network status, without notifying providers about changes. **It is your responsibility to verify in-network versus out-of-network status with your insurance, know your out-of-pocket financial responsibility, and insurance referral requirements.** In the event we do accept assignment of benefits and your insurance has not paid your account in full, the balance will be automatically transferred to your responsibility and a statement will be sent to you. You have thirty (30) days from the date of the statement to pay your outstanding balance. If you have not made payment after thirty (30) days, your credit/debit card or check on file will be charged, and a receipt will be sent to you. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered reasonable and necessary by your insurance. Contact your insurer if you have questions. Your insurance contractual obligations (deductible, co-pay, co-insurance) are due at the time of your visit when you use an insurance plan. In the event that your insurance coverage changes, it is your responsibility to notify us. If your new plan is one for which we are not a participating provider, you are responsible for the balance on your account. Any follow up or reporting to third parties that becomes necessary due to unpaid balances on your account shall not be considered breach of confidentiality. You must notify us in advance of your first appointment if you intend to use an Employee Assistance Program (EAP). Once services have been provided under insurance, we will not bill your EAP. **While Lone Star Dermatology may be listed as a network provider for your insurance, this is not a guarantee of coverage. Should your insurance company reject a claim, you will be held responsible for that balance due.**



**In-network coverage:** For insurance companies that we are in-network with, your insurance contractual obligations (deductible, co-pay, co-insurance) are the insured/patient's financial responsibility and are DUE AT THE TIME OF SERVICE. Please contact your insurer if you have questions regarding your contractual agreement.

**Out of Network Coverage:** For these plans, your copay and full payment for all services are due at the time of the visit. You are responsible for the charges of the provided services, which may be higher than similar services for an in-network provider. As a non-participating physician ("out-of network"), Lone Star Dermatology has not agreed to any set rate that your health care plan may pay, and we may charge more. **Further, we will not be submitting claims for out-of-networks benefits to your insurer. Payment responsibility remains yours. Payment is due in full at the time of service pursuant to our Financial and Office Policy Agreement.** We will provide you with a superbill for you to submit to your insurance company for possible reimbursement. We encourage patients to consider Reimbursify to submit your claim to your insurance company (<https://reimbursify.com/individual-page/>), which has an app for Iphone and Android. We are providing you the following information to help you understand what your health care plan may not cover if you obtain services from an out-of-network physician. Your plan may not cover out-of-network services at all, leaving you to pay the full cost. If your plan covers out-of-network services, your plan may require higher deductibles and coinsurance for out-of-network care. By signing this agreement, you acknowledge that if Lone Star Dermatology is out-of-network, you have elected to obtain the services from Lone Star Dermatology and will abide by the terms listed in this agreement.

**Co-payments, deductibles, and fees:** Co-payments and co-insurance amounts, deductibles, and all non-covered items and charges are determined by your insurance company and are a part of your contractual agreement with your insurance company, are your financial responsibility and are DUE AT THE TIME OF SERVICE. Failure to produce payment may result in your appointment being rescheduled. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to patients, you, the insured. If you have concerns about your contract with your insurance company, please contact your insurance representative. Lone Star Dermatology PLLC has financial policies to enable efficient operational processes. Please see our Credit Card on File Policy. Payments may be paid by cash, check, debit or credit card.

**Self-Pay Patients:** Self-pay or uninsured patients are responsible for payment at the time of service. You may request a Good Faith Estimate which shows the costs of items and services that are reasonably expected for your health care needs for an item or service. The estimate is based on information known at the time the estimate was created.

**Non-Covered Services:** Cosmetic services cannot be submitted to insurance and payment in full is due at the time of service by credit card or cash only, no checks will be accepted for cosmetic services.

**Credit Card on File Policy:** All patients will be required to keep a credit card on file. Once your credit card information is entered, it is encrypted and cannot be viewed or accessed by our organization. Your card information is stored securely with Square which is PCI Compliance Level 1 – the highest level of security for credit cards. Please keep in mind, we will not charge your card if you do not owe anything, we will NEVER charge your card more than what you owe or without your knowledge.

We will collect your estimated charges in full at the time of your visit and send you a bill or refund for any amounts owed or due to you after insurance processes your claim. By signing the agreement, you understand that once the health plan has paid their portion for your care that you will receive an Explanation of Benefits (EOB). The health plan EOB will state any balance remaining to be paid by the patient. Lone Star Dermatology PLLC may charge your credit card the balance due when they receive a copy of the EOB. Charges will be made ONLY after the claim has been adjudicated by your insurance and you will have received an EOB from your insurance detailing the amount billed. You will receive a courtesy notification prior to authorizing the card on file. Circumstances when your card would be charged include but are not limited to missed co-payments, deductibles and co-insurance, and non-covered services and/or denial of services. If your account becomes delinquent, a \$30.00 service charge will be placed on the account and the account will be sent to a collection agency. **To avoid fraudulent disputes, all charges that are illegitimately disputed will incur a \$100.00 service**



**charge. If the credit card we have on file for you changes, please notify us immediately by calling our office at (936) 295-1311. It's not uncommon for people to change or cancel their credit cards, including when it expires. If we run your credit card and it's denied for any reason, we reserve the right to charge an additional \$25.00 declined card fee if we are not able to run a new credit card within 7 days. We will contact you or leave you a phone message if this occurs.**

For all credit card charges, whether the transaction occurs in person or via the CCOF, the card processing merchant charges a convenience fee. If you prefer to avoid this convenience fee, please pay with cash or a check.

**PATHOLOGY/LAB CHARGES:** Pathology and lab charges are billed separately. If your physician elects to send your tissue to a pathology lab, you will receive a separate bill from the pathology lab for those services. There are two components to dermatopathology services – the technical component which encompasses slide preparation, and the professional component which encompasses review of the prepared slides under a microscope and professional interpretation of the results. Your detailed bill will outline the components of the service and the specific provider of each service. Please contact your insurer with questions regarding pathology and lab fees.

#### **Missed Appointments**

**Office Visits:** We require that you cancel scheduled appointment no later than 24-business-hours prior to your appointment as we reserve the time for you, and it will be difficult to fill your appointment time with another patient if you notify us less than 24 business hours before your original appointment time. Canceling without appropriate notice prevents another patient from receiving the care they need. A charge of \$50.00 will be applied to your account for ALL office visit appointments that are missed or canceled with less than 24-business hour's notice.

**Mohs surgery or excisions:** We require 48 business hours' notice when you cancel a surgery or excision appointment for the same reason as above. We reserve a significant amount of time on our schedule to complete your procedure and with less than 48 business hours' notice, it will be very difficult to fill your appointment time with another patient. A charge of \$100.00 will be applied to your account for ALL surgery or excision appointments that are missed or canceled with less than 48 business hours' notice.

This charge is not payable by your insurance and will be billed as your responsibility. Please help us serve you better by keeping scheduled appointments. Patients with unpaid missed appointment fees will not be able to schedule until fees have been paid. Emergencies or no-fault no-shows will be considered on a case-by-case basis.

#### **Prescription Policy**

Please call for refills during regular office hours and leave the patient's name, DOB, phone number, medication, and the pharmacy requested. Please allow 72 business hours to complete the request. Some prescriptions may be delayed due to completing a PRIOR AUTHORIZATION form set forth by the insurance companies. We cannot refill a prescription if the patient has not been evaluated within 12 months. For oral medications, biologics, and some topical medications, the patient may need to be evaluated every few months.

#### **Finance and Service Charges**

**For all credit card charges, whether the transaction occurs in person or via the CCOF, the card processing merchant charges a convenience fee. If you prefer to avoid this convenience fee, please pay with cash or a check. To avoid fraudulent disputes, all charges that are illegitimately disputed will incur a \$100.00 service charge.** A monthly finance charge of 1.5% is charged for balances exceeding 30 days. There is a \$30.00 service charge for returned checks. Past due accounts will be reported to a collection agency, and you will not be able to schedule appointments until your balance is paid.