DARABI DERMATOLOGY Financial Policy

Thank you for choosing Darabi Dermatology as your healthcare provider. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy.

Missed Appointments

Office Visits: We require you to cancel your 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. For example, notify us by 10 a.m. Monday to cancel a 10 a.m. Tuesday appointment; 10 a.m. Friday to cancel a 10 a.m. Monday appointment. A charge of <u>\$75</u> will be applied to your account for ALL office visit appointments that are missed or canceled with less than 24-business hours 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 for us to fill your appointment time with another patient. A charge of <u>\$250</u> will be applied to your account for ALL surgery or excision appointments that are missed or canceled with less than 48 business hours notice.

Emergencies or no-fault no-shows will be considered on a case-by-case basis.

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.

All copays are due at the time of your appointment. All out-of-pocket expenses (examples are deductibles, co-insurance, self pay) are due 20 days after the date of your statement.

We Accept: Checks or Credit / Debit cards. Your card number is stored with our HIPAA and PCI compliant payment processor. We see only 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) and for co-pays 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, credit plan or check at the time of service.

Regarding Insurance and Patient Payments

We may accept assignment of 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. Insurances have 100s or 1000s of networks and plans and constantly change provider innetwork versus out-of-network status, without notifying providers about changes. It is your responsibility to verify in-network versus out-of- network status of your provider with your insurance and 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 twenty (20) days from the date of the statement to pay your outstanding balance. If you have not made payment after twenty (20) 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 under your insurance. Contact your employer or insurer if you have questions. All copays 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 a 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 Darabi 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.

Finance and Service Charges

A monthly finance charge of 1.5% is charged for balances exceeding 30 days. There is a \$35.00 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. If your account is sent to collections a 20% fee will be added to your total amount owed for administrative costs. v. 4/26/23 KD, v. 5/4/23, v.12/13/23 MN & MM