

**Northwest Dermatology
Office and Financial Policy**

- **Co-pays:** Co-pays are required to be paid during the check in process.
- **Miscellaneous Fees:** If you do not provide **24 hours notice** when canceling your appointment, you will be charged the following fee: \$30 - Late cancelled appointment fee
- If you do not show for your scheduled appointment, you will be charged the following fees:
 - ❖ \$50 -Missed office appointment
 - ❖ \$75 -Missed surgical appointment
 - ❖ \$100 -Missed cosmetic appointment
- No further appointments will be scheduled until all no show and late cancellation fees are paid.
- **Lab Fees:** All blood work, cultures, biopsies and pathology will be charged by an independent lab. You are directly responsible for these charges. We do not separately bill or accept responsibility for any third party charges.
- **Referrals:** You are responsible for obtaining any insurance required referrals. If your insurance requires a referral and you haven't obtained one from them before your visit you may be asked to reschedule or sign a waiver and you'll be required to pay for your services before leaving our office.
- **Insurance:** If you do not provide current and active insurance at the time of check in, you may be charged a \$25 fee to resubmit your claim to your updated insurance carrier (unless restricted by our contract with your particular insurance carrier).
- You are responsible to provide all of your current insurance information as well as photo ID. If this is not provided at time of service, you may be rescheduled or required to pay for your visit in full.
- **If you obtain state insurance at any point of the year it is your responsibility to notify our office before your appointment. In this situation you will be asked to sign a Medicaid insurance waiver form WAC182-502-0160.**
- Insurance coverage is never guaranteed. Your insurance company determines benefits when they receive your claim. Any best effort statements made by our staff regarding your coverage in no way guarantees that your care here will be covered by your insurance company. Your insurance contract is between you and your insurance company. You are responsible for your account regardless of insurance.
- All balances remaining after your primary insurance company has paid are the patient's financial responsibility *regardless* of secondary coverage.
- The patient is always responsible for the payment of their care. If your insurance carrier does not process, pay or respond to our correct claim within 60 days of the date we submit your charges, the entire balance may be due from you, unless our contract with your insurance carrier indicates otherwise. You then can be reimbursed directly from your insurance carrier.
- If your insurance company sends you a check for your claim payment, it is your responsibility to send the check to our office within 5 business days.
- Please note that some procedures may be considered *cosmetic* and not medically necessary and therefore *not billable* to your insurance carrier. Patients are financially responsible for the full cost of these procedures before they check out.
- If you do not have insurance, payment for your office visit is expected at time of check in and any procedures performed during your visit are expected to be paid before leaving our office, unless other arrangements have been made prior to your appointment.
- **Payment Plans:** All approved payment plans require 50% down and must be paid in full within 3 months. Payments plans are preferred by debit /credit cards and will be stored on a secure database by Easy Pay Solutions. Your card on file will be automatically charged on the agreed due date of every month. All requests to set up a payment plan using checks/cash as the form of payment requires approval from the billing department. Any accounts with missed or declined payments will be sent to a third party collection agency and may be discharged from our clinic.
- **Payment methods:** We accept all the following forms of payment: Cash, Check, Visa, Mastercard and Discover Card. Online payments are now available through our website at www.northwestderm.com.
- **NSF Checks:** A \$25 service charge will be assessed on all Not Sufficient Funds (NSF) checks. This fee will not be waived. Additionally, checks will thereafter not be accepted as payment. Any check rejected for insufficient funds will be turned over to a third party collection agency.
- **Collections Process:** Unpaid balances beyond the second statement or within 90 days without patient communication will be sent to a third party collection agency. Accounts that are sent to our collection agency are not able to be brought back and may be discharged from our clinic. You will be responsible for collection charges. In the event of legal action, you will pay reasonable attorney fees and venue shall be in Spokane County.
- Any treatments performed in our office are classified as "*surgery*" and will be submitted as such to the patient's insurance. These treatments may be processed towards surgical benefits by the patient's insurance (ex. wart destructions, benign lesion removals, injections, biopsies, etc.) and may apply to the patient's out of pocket responsibility. Our office does not bill out any services as "*preventative*" in order to comply with billing guidelines.
- **Photographs:** Photographs may be taken for documentation, identification and teaching purposes.
- I acknowledge, understand and agree to the policies as stated above. Also, I consent to medical treatment, authorize assignment of insurance benefits to Northwest Dermatology and authorize this office to release daily chart notes when necessary for the processing of claims.