

## **General and Procedural Dermatologic Medical Services:**

M D Aesthetics and Dermatology participates in many health insurance plans. A list of the plans we accept is available on our website (<http://www.mdaestheticsderm.com/all-posts/patient-forms/>) Please remember that your health insurance is a contract between you and your insurance company.

It is **YOUR** responsibility to know your health plan benefits, including in network provider coverage, co-payment amounts, deductibles, co-insurance, referral requirements and laboratory contracts.

Please understand that we do not share in the contract between you and your insurance provider. You are responsible for any charges not covered by your insurance plan. Any amount not covered or not billable by the insured/patient's insurance is due at the time of service.

**In network insurance plans:** You must present a valid insurance card or other written evidence of insurance coverage and a current state or federal form of identification at the time of service. Without this information, you can be seen and treated as a self-pay patient or you may reschedule your appointment. As a service to patients, will check insurance eligibility and deductible met to date, co-insurance responsibilities, and out of pocket maximum expenses.

Co-payments must be paid upon check-in on the day of service. Failure to collect a required co-payment can constitute insurance fraud. If you are unable to provide your co-payment upon arrival, you will be asked to reschedule your appointment.

Co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are **due at the time of service.** You will be provided for an estimate of the costs for any in office procedures at the time one is recommended. Failure to produce payment may result in your appointment being rescheduled.

By presenting your medical insurance information you grant permission to bill your insurance for all medically related services rendered and authorize payments of medical benefits to M D Aesthetics and Dermatology LLC. If you do not wish to have your insurance carrier billed, you must inform the office before treatment is provided, and provide payment for all services.

If you fail to pay your insurance premium and/or cancel your insurance coverage, you will be responsible for all services rendered.

Please note that we do not bill insurance for "preventive or wellness services" such as but not limited to general screening and full body scans, as these are not reimbursable to dermatologists. Patients will be responsible for payment of these services prior to their appointment.

It is the patient's responsibility to inform this office if your insurance requires any referrals to see a specialist or pre-certification/pre-authorization of services prior to scheduling of such services. Please note that it is your responsibility to obtain the proper referral in order to be seen for your

appointment. If you don't have a referral at your appointment time, your appointment may be rescheduled, and you could be charged a missed appointment fee.

The patient will be responsible for services denied by insurance due to "No Eligibility", "Non-Covered Service", or "Referral/Pre-authorization/Certification Not Obtained". You will receive a statement after your insurance carrier pays or denies coverage. Should you have questions regarding your benefits and coverage, please contact your insurance company directly.

Illinois State law requires insurance carriers to pay or deny claims within 30 days of receipt. Insurance carriers who fail to comply with these state standards are subject to additional requirements and penalties. **After your insurance provider has processed a claim with full or partial payment or denial, you will be responsible for the remaining balance, and it is due immediately.** We would process any payments due with your HSA/FSA on file first, and if declined, then use your regular credit card on file. If your insurance provider delays or withholds payment, for 90 days or longer, both the insurance and patient portions will become your responsibility.

If either HSA/FSA and regular credit card payment is declined, you will be notified and provided the opportunity to submit payment with a different credit card or in cash immediately. If you do not contact us to provide payment, your account balance is subject to be turned over to a collection agency, and you may incur a processing fee. Failure to pay bills will result in dismissal from the practice.

**Out of network patients**, you must pay in full at the time at time of service. You will pay at the time of arrival to your appointment for the office evaluation, and should you require any procedure, the cost will be informed after the evaluation of your condition. Payment for any procedures, laboratory, diagnostic studies required will be collected prior to those being performed. Many insurances provide reimbursement for "out of network" care. Please find out from your insurance how to submit a claim form and the rules governing visits to out-of-network physicians.

**Non-insured patients**, you will be self-pay, and will be responsible for full payment at the time of service. You will pay at the time of arrival to your appointment, and should you require any procedure, the cost will be informed after the evaluation of your condition. Payment for any procedures, laboratory, diagnostic studies required will be collected prior to those being performed.

**HSA and FSA Plans:** The office will make one attempt to process charges to your HSA or FSA plan. If unsuccessful, the regular credit card you have on file will be charged for the full amount due, and we will provide any documentation you may need to obtain reimbursement from the plan.

#### **Payment Methods:**

We accept Cash, Visa, Master Card, Discover, and American Express as method of payments. Please note that credit card transactions are subject to a transaction fee, which is approximately 3%. This fee is added to the patient balance when payment is processed using any of the cards on file.

**Aesthetic and Cosmetic Dermatology Procedures, Services and Products:** Some dermatologic diagnoses and their desirable treatments are not deemed medically necessary and will not be

covered by your insurance company. Should you wish to receive any of these treatments, payment in full is due at the time of service. similar to any retail skin care or cosmetic products, aesthetic and cosmetic dermatologic treatments. Cosmetic dermatology services include, but are not limited to: cosmetic consultation, Botox/Dysport/Xeomin, Fillers, laser hair removal, microneedling, PRP, photorejuvenation, laser treatments. Aesthetic services include, but are not limited to: chemical peels, micro dermal exfoliation abrasion, and facials.

We aim to provide outstanding, top-quality, and optimal aesthetic, cosmetic dermatology and skin care recommendations. In order to achieve your goals with reasonable expectations, we require a cosmetic consultation prior to receiving any aesthetic and cosmetic dermatologic services. During the consultation, our board-certified dermatologist will perform a thorough assessment of your unique goals, needs, health history and desirable results. Detailed pre-and post-treatment instructions will be reviewed and provided when necessary. Pre-procedural photos will be obtained and proper planning will enable the patient to schedule the elective procedure at their best convenience. Due at the time of arrival for your consultation, a service fee of \$200.00 will be charged, and this fee is non-applicable to the cost of service. A financial quote for each aesthetic and cosmetic dermatologic service will be provided during the consultation. This quote will be honored for 30 days from the date of consultation. Full payment will be required to schedule laser treatments, and other aesthetic and cosmetic services.

Please note if during your cosmetic consultation or aesthetic treatment, any medical evaluation that is provided, outside of the cosmetic services being provided, additional charges will be incurred, subject to your insurance providers rules and regulation. We will make the effort to notify you and be transparent about any charges that may be incurred in order to document and provide the best medical care during an aesthetic treatment/recommendation.

**Pathology/Laboratory Services:** M D Aesthetics and Dermatology LLC uses selected high quality and customer service oriented third-party vendors to analyze our laboratory and pathology specimens. Certain insurances have restricted laboratory benefit plans. It is our standard of care to only use pathology laboratories with board-certified dermatopathologists in order to ensure the highest quality and accuracy of your results. Depending on your insurance carrier you may receive a separate billing statement for your portion of pathology services directly from the lab service provider (Quest, LabCorp, etc). We are unable to adjust these charges as they are provided by a separate entity. If your insurance carrier requires you to use another laboratory you may choose not to have blood work done in our office. We will provide you with a physician's order and you may go to the lab of your choice. Be sure to inform us if you do not want your blood drawn or samples taken here at our office.

## **Medical Records Requests, Completion of Prior Authorization forms, and Administrative Forms needed for your health care needs:**

Please note that as a patient of our practice, you have full access to your medical records by accessing our patient portal. Some of the documentation needs to be made viewable to you, and if you call or email our office, we would gladly do so. You can then print and download all of your medical records and use at your discretion.

Below is the Illinois state statute which controls the amount of money that doctors, hospitals, and other health care providers can charge for copies of medical records provided to the patient, health care facilities, any agencies requesting your medical records:

The practitioner shall be reimbursed by the person requesting such records at the time of such copying, for all reasonable expenses, including the costs of independent copy service companies, incurred by the practitioner in connection with such copying not to exceed:

- A \$27.91 handling charge for processing the request for copies
- \$1.05 per page for the first through 25th pages
- \$0.70 cents per page for the 26th through 50th pages
- \$0.35 cents per page for all pages in excess of 50
- The charge shall not exceed \$1.74 per page for any copies made from microfiche or microfilm
- Actual postage or shipping charge, if any
- The facility or healthcare practitioner may, however, charge for the reasonable cost of all duplication of record material or information that cannot routinely be copied or duplicated on a standard commercial photocopy machine such as X ray films or pictures.
- For electronic records, retrieved from a scanning, digital imaging, electronic information or other digital format in a electronic document, a charge of 50% of the per page charge for paper copies listed above. This per page charge includes the cost of each CD Rom, DVD, or other storage media.
- Records already maintained in an electronic or digital format shall be provided in an electronic format when so requested.

<https://illinoiscomptroller.gov/agencies/resource-library/statutorily-required/copying-fees-adjustments/>

On occasion, patients, health insurances, pharmacies may request completion of certain forms/letters (such as prior authorizations) that may be required to assist you with your healthcare needs. Completing these is very labor intensive, requiring additional amount of work, beyond what is reimbursed for an office visit evaluation and management at the time of your visit. As such there's an administration/processing fee of \$30 for the first 2 pages, plus \$5 for each page thereafter. We would be glad to complete these forms, upon your request and receipt of payment. Be aware that this can be a labor intensive and time-consuming process, so please allow 7-10 days upon receipt of payment for completion of requested forms/letters.

By signing this document, I am agreeing to the terms of this Financial Policy, as documented below.