

# Advanced Skin Institute

Cutting Edge Medical, Surgical,  and Cosmetic Dermatology

www.advancedskininstitute.com

**ALL PATIENTS, PLEASE READ & SIGN:** This form describes the Financial Policy of the Advanced Skin Institute (ASI) which governs how we will handle the financial aspects of the care, treatment, supplies and other services you receive here.

**Thank you** for choosing the Advanced Skin Institute as a healthcare provider. We are committed to your treatment being a successful experience. Our Medical and Business Office staff members will work very hard to make sure that your paperwork is filed accurately and promptly. Because most of the data we have relative to you comes from you, please help us maintain accurate records by filling out forms legibly, and letting us know whenever important data changes (like your address, telephone number[s], any changes in your name, your medical insurance, etc.). When paying for services, supplies, etc., we are able to accept all valid MasterCard, Visa, Discover, American Express, Debit Cards, Checks, and Cash. A 2.5% processing fee is charged for all MasterCard, Visa, Debit, and Discover card transactions, and a 3% processing fee for American Express transactions.

**INSURANCE AND INSURANCE COLLECTION:** We will attempt to bill whichever insurance you have advised us of as a courtesy. Please understand that insurance reimbursement can be a long and difficult process for medical providers AND patients. There are instances when insurers will stall, deny, pend, spend weeks and months reviewing claims, and then reduce or deny any reimbursement offered. Our billing staff has undergone extensive training to maximize your insurance reimbursement while reducing the time in which they pay.

**NON-CONTRACTED INDEMNITY INSURANCE PLANS/NO INSURANCE CARD:** If you are unable to present an insurance card at the time of service, or if you are covered by an insurance company with which we are not contracted, we require that you pay for services in advance. If we are able to collect from your insurance company after you have fully paid your account, we will issue a refund. We will attempt to bill your insurance company using the information you have supplied to us as a courtesy. Our office, as a convenience and a service to you, will absorb all costs incurred for this billing. **Please note that not all insurers agree to contract with us.** In the event that your insurance does not reimburse us within ninety (90) days, we will transfer this balance to you as your responsibility and send you a statement. We are NOT **Medi-Cal** providers, and do not accept **Medi-Cal**. We do not accept any other State's Medicaid programs.

## INSURANCE PLANS IN WHICH ASI IS A PARTICIPATING PROVIDER

**Non-Covered Services:** Each and every insurance company and plan, including Medicare, has different plans, each with different benefits. Because your health insurance is an arrangement between you and your insurer, you should understand what services are covered under your specific plan. Your insurer can assist you with any questions you have relative to your own benefits with them. Co-payments are due at the time of service. You should ask your insurer what that amount is and have it ready at the time of your visit. We may decline to see patients for non-emergent visits if co-payments are not made at the time of the visit.

Your Advanced Skin Institute Physician may provide services that may not be covered as a benefit of your specific plan with your insurer. Patients or Guarantors are financially responsible for any and all services provided that may not be covered by your insurance plan. **It is your responsibility to know and understand your specific insurance plan and what benefits are provided.** Some procedures you may undergo here will involve removing tissue. This tissue must then be examined to determine what treatment course is best suited for you. To examine the tissue, it must be prepared to be placed onto a slide where it can be evaluated microscopically. That process involves cutting the tissue into smaller slices, perhaps staining it with certain chemicals, and then fixating it onto one or more slides. The charges for that process are known as Laboratory/Pathology charges and will appear on your bill if performed here. The physician who looks at the slide and provides his/her opinion based on those slides is known as the pathologist. There is a charge for that physician's professional opinion which is independent of the charge for preparing the actual slide.

**HMO Plans:** If your care and treatment here at the Advanced Skin Institute is the result of a referral from your HMO plan and/or from your medical group or HMO provider, you should have a written authorization/referral from them. It is your responsibility to verify that your care and treatment is properly authorized by them in advance. Any co-pays required will be your responsibility at the time of each visit. This is a requirement of your insurer. If you have a POS (Point-Of-Service) plan and wish to utilize the HMO benefit, you will need to obtain a written authorization/referral from your HMO plan and/or referring medical group, in advance of receiving treatment here. If that authorization is not in place, your insurer may handle the claim under your PPO benefits. PPO benefits may include a deductible: co-payment and co-insurance which would likely be your financial responsibility (see PPO PLANS described below). Advanced Skin Institute will not accept a retroactive authorization/referral except under unusual circumstances. These are handled on a case-by case basis with our Business Office. If you are not eligible with your insurer at the time services are rendered, you will be responsible for those charges.

**PPO Plans:** As a contracted provider, we have agreed to accept a discounted rate from your plan for covered services, however all co-payments, co-insurance and/or deductibles are your responsibility.

**Self-Insured/Union Plans:** Your employer may be self-insured and use an insurance company (or other third party administrator: TPA) for administrative and claims processing services. This office has been thoroughly trained regarding this type of reimbursement however, in the event there is a problem we may need you to supply us with the name of your HR Director and/or your Benefits Manager. We may ultimately require your authorization to file a complaint with the Department of Labor and your administrator if need be.

**Medicare:** As a participating provider, we will bill your Medicare carrier. You are responsible for your annual deductible and the 20% co-insurance portion. We must collect this. We will be happy to bill any secondary (or tertiary) insurance you may have once we have been informed that you have such coverage in effect.

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If any balance remains once Medicare and these insurers have processed our claims, we will transfer responsibility for payment to you, and send you a statement.

**Important reminder for Medicare enrollees:** If you qualified for Medicare coverage and decided to enroll in a **Medicare+Choice / Medicare Advantage plan** (e.g. SecureHorizons, Blue Cross Senior Secure, SCAN) you may need to first get a referral from your Primary Care Physician (PCP) before a visit here will be covered. Please call the number on your new insurance card for information from that plan. Medicare enrollees with "original" Medicare coverage can be seen at Advanced Skin Institute without a referral.

**Secondary Insurers:** Having more than one insurer DOES NOT necessarily mean that your services are covered 100%. Depending on your plan's benefits, the secondary insurers will pay as a function of what your primary insurer pays. We will bill your secondary insurer as a courtesy. You are responsible for any balances after your insurers have processed our claims.

## OTHER ITEMS

**Divorce Decrees:** Advanced Skin Institute is NOT a party to any divorce decree. Adult patients are responsible for their bill at the time of service. The responsibility for minor rests with the accompanying adult.

**Minor Patients:** The adult accompanying a minor and the parents (guardians) of the minor are responsible for full payment for services rendered to the minor patient. For unaccompanied minors, non-emergent or treatments unrelated to an ongoing care plan here will be denied unless charges have been pre-authorized to an approved credit plan, credit card, or payment by cash or check at the time of service has been obtained or verified.

**Returned Check Fees:** There is a \$50.00 banking fee plus a 1.5% per month late fee for the time period that the balance remains outstanding for all returned checks. This sum is used to offset the fees incurred by ASI from our financial institution. If your check is returned from the bank, we may NOT ACCEPT an additional check as payment on your account. Future payments must be made with cash, money order or credit card.

**Promotional Coupons/Incentives:** Some manufacturers offer certain discounted products and/or services. Advanced Skin Institute may not honor or accept every coupon or manufacturer's offers as the terms and performance of the issuer may change. You are responsible for any goods and/or services you receive. Ask whether any coupons are still being honored before receiving services.

**Collections/Pre-Collections:** Advanced Skin Institute will send you a statement after your insurers have been billed and your charges have been considered by your insurers. We charge interest of 1.5% (18% annually) on all outstanding balances after 30 days. If no payment is received here after 120 days, your account may be turned over to a collections service and a \$50.00 late payment/pre-collection fee will be added to your account to offset the administrative costs incurred when accounts are assigned for collection.

**Missed Appointments:** There is a \$75.00 missed appointment fee if you cancel or re-schedule an appointment with less than 24 hours advance notice, or if you fail to arrive for your appointment. As a reminder and courtesy to our patients, we will call you 2 days prior to your appointment. Do not rely on this service as your only reminder to keep your scheduled appointment as we cannot guarantee that the call will absolutely be made, or that the number provided is accurate or functional for this purpose.

**Forms:** There is no charge for uncomplicated forms completed as part of an office visit. An uncomplicated form is one where you have completed all your portions, and the remaining information needed is less than 25 words or 3 typed/printed lines. You may need to wait for the form to be completed. There will be a charge for completing forms based on your medical records when it is not done at the time of an appointment. Fees for form completion vary on the type of form and the complexity/details required. You will be informed of the cost prior to completing the form and can decide whether or not to have us complete the form.

**Records and Copying:** You must first complete and sign a Release of Records form authorizing us to release your records. We cannot begin the process without this documentation. There is a \$75 charge for copying and/or transferring medical records. The records will not be sent until the fee is paid.

**Acknowledgment and Signature:** Thank you for your time in understanding this financial policy. It is our desire here at the Advanced Skin Institute to serve your medical needs as well as we possibly can. By understanding the financial policy we utilize, we can make billing a non-issue and concentrate on providing you with the best possible care and treatment. All patient information is confidential and subject to state laws including Confidentiality of Medical Insurance Act Section 56 of the California Civil Code and the Health Insurance Portability and Accountability Act (HIPAA) P.L.104-191.

I have read the Financial Policy. I understand and agree with this Financial Policy.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Credit Card Type:  Master Card  Visa  Discover  American Express