

## FINANCIAL POLICIES

**Payment:** Applicable Specialists copays are expected at time of service. Coinsurance and/or deductibles may also be requested at check-out. Outstanding balances will be requested at time of check-in. Copays are required for a PA visit the same as an MD visit. We accept Cash, Check, Visa, Master Card, American Express, Discover, and Money Orders. There will be a Returned Check Fee of \$10.00 for any returned checks. Multiple returned checks may result in the revocation of accepting checks in the future. We do not accept post-dated checks.

**Insurance:** While MLD will try to assist patients with questions on your health plan, patients are ultimately responsible for reviewing their individual policies and consulting with their insurances over any concerns. Even though MLD may file a claim, payment from the insurance is not guaranteed.

- Patients will be held liable for all amounts that meet any or all the following: Non-Covered Services, Not Medically Necessary Services, or Copays, Coinsurance, and/or Deductibles
- Failure to provide MLD with the most updated insurance within our insurances' contractual timely filing limits may result in the patient being liable for the full cost of the service.
- MLD checks eligibility prior to services. If an insurance shows inactive at time of service, there may be a delay in the appointment, or the patient may be treated as a self-pay patient.
- If MLD does not participate with a particular health plan, MLD can still file the claim in most cases, but not all. In cases where MLD cannot file, (including but not limited to Liberty Healthshare and Medishare plans) you will be billed as self pay, payment in full will be required at the completion of your visit, and you will be provided information to file your own claim directly with your health plan.
- Sometimes, Medicare and other insurances will consider certain services as not-medically-necessary. In the event this occurs, MLD will notify the patient in advance and ask them to sign an Advanced Beneficiary Notice. The balance of these services will be patient responsibility, and MLD will ask for payment at time of service.

**Prior-Authorizations:** MLD is a specialist provider. If a plan requires prior-authorization to make payment for services, it is the patient's responsibility to be aware when a prior-authorization is required and to take the necessary steps to obtain the prior-authorization before the date of service. If an authorization is required and not obtained, the appointment will need to be rescheduled, or the patient may continue with the appointment as a self-pay patient.

**Self-Pay:** Self-Pay patients will be expected to make payment in full at time of service.

**Past Due Balances:** Balances over 90 days may be turned over to a collections agency and you may be dismissed from the practice. If you are unable to pay your bill in a timely manner, contact MLD immediately to discuss possible payment arrangements.

**Card on File:** MLD can keep a credit card on file for ease and timeliness of payment on your account. You may opt in or out at any time by contacting the office.

**Minors:** Patients under 18 must be accompanied by a parent or legal guardian unless otherwise authorized by a Minor Consent Form. Copays or outstanding balances will still be required at time of check-in. It is the responsibility of the parent or legal guardian to arrange for payment at time of service.

**Pathology:** Any pathology taken during a visit will be processed and billed to your insurance by PML Pathology. You may receive a separate bill for this service. Questions regarding pathology bills should be directed to PML's billing office at 828-366-1150, extension 2.

*Any questions regarding billing should be directed to the billing office at 828-818-8808.*

By signing below, I attest that I have read and agree to the Financial Policies of Mountain Laurel Dermatology, PLLC.

Patient Name:

Date of Birth:

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Signature of Patient or Authorized Representative or Patient/Legal Guardian:

Date:

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