



Patient Responsibility/Financial Policy and Consent

Thank you for choosing Blue Valley Dermatology for your dermatologic care. Our entire staff is committed to providing outstanding care for every patient we see. The following financial policies allow our office to run in the most efficient manner, allowing us to put our focus on the patient's skincare needs.

INSURANCE: Blue Valley Dermatology participates with most major insurance carriers. As a courtesy, we will file claims to in-network insurance companies, on your behalf. It is the patient's responsibility to contact their insurance company prior to being seen to ensure that we are in-network with your insurance plan. If you have an appointment scheduled, and our provider is out of network with your plan, we require payment in full at time of service. If it is determined that our provider is out of network with your insurance plan after services have been performed, you are responsible for payment of any billed charges that are not covered by your out of network insurance. If you do not have insurance, charges for all services are due at the time of service.

REFERRALS: If your insurance requires a referral to be seen in our office, it is your responsibility to obtain that referral. If you wish to be seen and your referral is not completed upon check in, you will be required to pay for all charges at the time of service. If it is determined that a referral was necessary but not obtained, you will be responsible for any billed charges not covered by your insurance.

PATIENT RESPONSIBLE PAYMENTS DUE AT TIME OF SERVICE: Blue Valley Dermatology accepts cash, checks, Mastercard, Visa, Discover and American Express. Copayments are due when your check in for your appointment. This is required by your insurance company and applies even for follow-up visits. If you are unable to pay your copayment for your visit, you will need to reschedule your appointment. *Outstanding balances are due at the time of check-in.*

RETURNED CHECKS: There is a \$40 charge for returned checks. If a check is returned for insufficient funds, you will be asked to pay your balance with cash or a credit card in addition to the \$40 fee.

COSMETIC CHARGES: Charges for cosmetic services are due at the time of service. Certain services such as removal of skin tags or benign growths are usually not covered by any insurance plan as they are considered cosmetic in nature. These cannot be billed to insurance. If you are scheduled for a cosmetic appointment and would like to discuss a medical issue on the same day, please mention this at check-in. We will do our best to accommodate these requests in the same day if time allows. You will be charged a separate medical visit and we will bill this portion of the visit to your health insurance company. You will be responsible for any applicable co-pay.



REFUND POLICY: Products that are not tolerated well by the patient or are defective can be returned to the office within 30 days of purchase for a refund or exchange. Due to state laws, prescription products are not returnable. All other sales are final.

PATHOLOGY AND LABORATORY FEES: Some services, such as blood work, tissue obtained from biopsies or removals etc., require a laboratory for processing and evaluation. Billing for these services will be directly handled by our office or an outside provider, depending on your insurance.

MEDICAID/SNP/QMB PLANS: We are out of network with all Medicaid plans. Blue Valley Dermatology does not file any claims to Medicaid, whether it is your primary or your secondary insurance. If you have Medicaid as your primary insurance and would like to be seen in our office, you will be charged the self pay rate for all services. The office visit portion is collected at time of check-in. If you have any biopsy, procedure, or treatment, this will be collected upon checking out from your visit. I understand that Blue Valley Dermatology is out of network with Medicaid and I am waiving my rights for Medicaid benefits on any services I receive at Blue Valley Dermatology.

NO SHOW/LATE CANCEL POLICY: Appointments missed without notice or cancelled with less than 24 hours notice are subject to a No Show/Late Cancel Fee. When you fail to keep your scheduled appointment or fail to cancel your appointment with less than 24 hours notice, this prevents us from seeing another patient who may also need an appointment. Blue Valley Dermatology will charge a \$50 No Show/Late cancel fee for any routine appointment to your account if you fail to show for your appointment or cancel with less than 24 hours notice. We will charge a \$100 fee to your account for any Procedures that are missed or that have less than a 24 hour notice of cancellation. If you arrive late for your appointment, you may be asked to see another provider, asked to wait until you can be worked back in the schedule, or asked to reschedule. No Show fees will be billed to the patient. This fee is not covered by insurance and must be paid in full prior to your next appointment. We reserve the right to dismiss a patient from our practice for recurrent No-Shows or Late Cancels.

AUTHORIZATION AND RELEASE: I authorize payment to be made to Blue Valley Dermatology by my insurance company and I accept financial responsibility for all services not covered by my insurance. I authorize release of any medical care information requested by my insurance company.

Once your insurance processes your claim, a copy of the EOB (Explanation of Benefits) will be issued to you by your insurance. We will send a patient statement for the balance due based on your finalized claim. **These may be emailed to the email address on file or sent through a text message. A hard copy mailed to your home is only available upon request.** You may mail in a check, pay in person or over the phone, pay online, or allow the balance to be charged to your credit card on file.

COLLECTIONS/BAD DEBT: Any balances classified as bad debt or collections must be satisfied prior to being seen in our office. Past due accounts are subject to collections proceedings. We may contact you via text regarding a past due balance. After 30 days past due, we will attempt to run the credit card on file. If we are unable to run the credit card on file then we will send an additional TEXT or EMAILED statement. After 90 days, your account will be turned over to our collection agency and you will be responsible for all collections and associated fees. We reserve the right to refuse to see any patient who has been placed into collections. Multiple collection events could result in your discharge from our practice.

CREDIT CARD ON FILE: (*Credit Card on File Not applicable to Medicare patients*) Your credit card information is required in order to be seen for any appointment. This information is not stored onsite on any practice devices. Card information is acquired and tokenized by the credit card terminals and securely stored in an end-to-end encrypted system, which is a PCI PTS 5.x approved payment gateway. Any remaining balance owed by you will be charged 30 days after one billing statement has been sent to your email address on file. Patients who decline to store a credit card on file are required to put a deposit of \$150 for general dermatology appointments, \$300 for procedures and \$600 for Mohs surgery appointments. This will be credited back to you, less any patient responsibility after your insurance processes your claim. If any additional amount is owed over and above this, you will be required to pay this in full after your insurance processes your claim.

- I consent to keeping a credit card on file with Blue Valley Dermatology to be used for all unpaid balances for services rendered now and in the future. I authorize Blue Valley Dermatology to charge my card in full for any outstanding balances. Charges will only be made **AFTER** the claim has been processed by your insurance carrier and a statement has been sent to you. **Not applicable to Medicare patients.*
- I understand that it is my responsibility to notify Blue Valley Dermatology of any changes to my credit card information. **Not applicable to Medicare patients.*
- I understand that payments for insurance copay, self-pay or cosmetic services are due at the time of the office visit.
- I am aware of the No Show/Late Cancel policy and understand that my account will be charged the corresponding amount for these missed appointments.

I HAVE READ AND UNDERSTAND THE PATIENT RESPONSIBILITY/FINANCIAL POLICY AND CONSENT AND AGREE TO ABIDE BY ITS TERMS.

Patient Name: _____ Date of Birth: _____

Patient/Guardian Signature: _____