

# Jenifer A. McLaughlin, M.D., PLLC

## McLaughlin Dermatology

### Policies and Procedures

Thank you for choosing us as your health care provider. The following is a statement of our Financial Policy, which we require you to read and sign prior to any treatment.

#### **FINANCIAL AGREEMENT:**

Payment of deductible, co-payments, and any uncovered services are due at time of service. Co-payments are expected to be paid prior to seeing the doctor.

NON-INSURED PATIENTS ARE EXPECTED TO PAY IN FULL AT TIME OF SERVICES.

WE ACCEPT CASH, CHECK, OR CREDIT CARDS AND CARECREDIT FINANCIAL SERVICES.

It is your responsibility to provide the receptionist with your most current vital information. You will need to provide a copy of your insurance cards upon each visit, and notify us immediately if any of the information changes.

#### **Cancellations/Late Arrivals/No Shows:**

We respect your time and do not overbook patients. Therefore, please be at the clinic 15 minutes before your scheduled appointment so we can update your information. **If you cannot make your appointment, kindly notify us 24 hours before your scheduled appointment so that we can accommodate another patient on our waiting list. If you do not show up for an appointment and fail to cancel, you will not be allowed to reschedule after the 2<sup>nd</sup> “no show” appointment.** No shows for cosmetic or surgical procedures will result in a fee of \$50.00, as longer time slots are allowed for these. If you arrive more than 15 minutes late to your appointment, you may be rescheduled. Please have all paperwork completed before your appointment time so that we can stay on schedule.

#### **Insurance Policy:**

Your insurance coverage is a contract between you and your insurance company. As a courtesy to you, we are happy to file your insurance for you. However, you are responsible for paying all co-payments, deductibles, and non-covered services. We are not a party to the contract between the patient and their insurance company and have our own contractual obligations with each of our participating insurance companies. Our facility uses D-Path for histological evaluation of biopsies and excisions. It is the patient's responsibility to determine if his/her insurance is in network with these companies and notify us thereof. The pathological evaluation of these specimens is billed separately by the pathology lab.

**Medicare Policy:**

We accept Medicare assignment of all Medicare claims. This means that we will reduce our fee to the amount allowed by Medicare. We will file one (1) secondary claim for you. You must provide us with the current and correct information at the time of your visit. If you have more than one (1) secondary insurance, you will have to file it yourself. If you ask us to perform a procedure that we believe Medicare will not approve, you will be required to sign an ABN (Advance Beneficiary Notice). Medicare requires this form be signed prior to you receiving the service. You will be required to pay the cost of the non-covered service at the time of the visit.

**Minor Policy:**

Patients under eighteen must be accompanied by a parent/legal guardian. If a parent/legal guardian is unable to accompany the minor, the appointment may be rescheduled.

**Usual and Customary Rates:**

Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns. We are committed to your treatment being successful.

***I have read, understand, and agree to the Financial Policy guidelines.***

Patient/Guarantor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_