

# Financial Policy Phoebe Rich Dermatology

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## Welcome

Thank you for choosing us as your healthcare provider. Your clear understanding of our practice financial policy is important to our professional relationship. We make every effort to keep our fees reasonable while at the same time covering the cost of the services we provide.

## Fees and Payments

- Fees are standard and based on the complexity of the visit.
- Insurance co-payments are due at the time of service. If you are not able to pay, a \$25.00 Copay Service charge may be added to your account.
- Payment is expected for known patient amounts, including copayments, at the time of service. Payment in full is expected within 30 days of receipt of our billing statement. Our office accepts cash, personal checks, and Visa, MasterCard, and Discover.
- Not all services are a covered benefit in all policies, so it is very important that you understand the provisions of your individual policy. Insurance companies select certain services that they will not cover, therefore we cannot guarantee payment of all claims by your insurance company. Some common examples of non-covered services are wart treatments, slushes, and milia extraction. We suggest you contact your insurance company to find out what benefits you have under your policy before services are rendered by us. The customer service number is usually found on your insurance card.
- In order for us to file a claim, you must present a CURRENT copy of your insurance card at each visit and communicate any changes in your personal information.
- Once we have received an EOB (explanation of benefits) from your insurance company which indicates the amount you will be responsible for, a statement for the balance will be sent to you and payment is expected by the due date as stated on our bill.
- If a check is returned to us, a \$35.00 Return Check fee will be added to your account.
- If you are a no-show to your appointment, or call with less than 24 hours notice to cancel, you may be charged \$50 for missing your appointment.
- If you are a no-show to your surgery, or call with less than 48 hours notice to cancel, you may be charged \$100 for missing your surgery.

## Required at Check-In

1. Verify personal contact information.
2. Present current copy of insurance card.
3. Payment of any outstanding balance.
4. Copayment of today's visit.

## Self-Pay

In order to address the needs of our patients without insurance and patients with coverage limitations, we offer a 20% discount off our standard fees. This discount acknowledges the lower cost involved in billing and collections when a claim does not need to be submitted to a third party payer. Payment needs to be made IN FULL on completion of your visit or procedure.

## Lab Charges

If blood, skin biopsies, or fungal cultures are taken during your visit you will likely receive a lab or pathology charge in addition to the day's office visit and procedural charges.

## Refunds

Patient refunds are processed monthly. Any account that has outstanding claims will not be eligible for a refund. If there is an overpayment on a minor's account and an open balance exists on another family member's account (with the same guarantor), the overpayment will be moved to the account carrying a balance.

PLEASE NOTE: Each visit is documented in your medical record and a diagnosis is made by the provider. Diagnoses are made based on medical information, not based on coverage by insurance companies. To request a diagnosis change solely for the purpose of securing reimbursement from an insurance carrier is inappropriate and is considered insurance fraud.

## **You have the right to receive a “Good Faith Estimate” explaining how much your health care will cost.**

Under the law, health care providers need to give **patients who don't health insurance or who are choosing to be self-pay** an estimate of their bill for health care items and services before those items or services are provided.

- You have the right to receive a Good Faith Estimate for the total expected cost of any health care items or services upon request or when scheduling such items or services.
- If you schedule a health care item or service at least 3 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 1 business day after scheduling. If you schedule a health care item or service at least 10 business days in advance, make sure your health care provider or facility gives you a Good Faith Estimate in writing within 3 business days after scheduling. You can also ask any health

care provider or facility for a Good Faith Estimate before you schedule an item or service. If you do, make sure the healthcare provider or facility gives you a Good Faith Estimate in writing within 3 business days after you ask.

- If you receive a bill that is at least \$400 more for any provider or facility than your Good Faith Estimate from that provider or facility, you can dispute the bill.
- Make sure to save a copy or picture of your Good Faith Estimate and the bill.

For questions or more information about your right to a Good Faith Estimate, visit [www.cms.gov/nosurprises/consumers](http://www.cms.gov/nosurprises/consumers), email [FederalPPDRQuestions@cms.hhs.gov](mailto:FederalPPDRQuestions@cms.hhs.gov), or call 1-800-985-3059.

**PRIVACY ACT STATEMENT:** CMS is authorized to collect the information on this form and any supporting documentation under section 2799B-7 of the Public Health Service Act, as added by section 112 of the No Surprises Act, title I of Division BB of the Consolidated Appropriations Act, 2021 (Pub. L. 116-260). We need the information on the form to process your request to initiate a payment dispute, verify the eligibility of your dispute for the PPDR process, and to determine whether any conflict of interest exists with the independent dispute resolution entity selected to decide your dispute. The information may also be used to: (1) support a decision on your dispute; (2) support the ongoing operation and oversight of the PPDR program; (3) evaluate selected IDR entity's compliance with program rules.

Providing the requested information is voluntary. But failing to provide it may delay or prevent processing of your dispute, or it could cause your dispute to be decided in favor of the provider or facility.

We realize that temporary financial problems may affect payment to your account.



If problems do arise, please contact our Billing Manager at 503-241-2883 for assistance.