



REED DERMATOLOGY
N O R T H W E S T

Financial/Office Policies and Consent to Treat

We would like to thank you for choosing Reed Dermatology Northwest as your healthcare provider and want to ensure you that we are committed to providing you and your family with the best possible medical care. We are sure you understand that payment for this healthcare is your responsibility. The following information outlines your financial responsibilities related to payment for professional services.

For Our Patients with Medical Insurance Benefits: We participate in most major health plans. We have contracts with many HMO's, PPO's, insurance companies and government agencies including Medicare and Medicaid. Our business office will submit claims for any services rendered to a patient who is a member of one of these plans and will assist you in any way we reasonably can to help get your claims paid. It is your responsibility to provide all necessary information before leaving the office. If you have a secondary insurance we will automatically file a claim with them as soon as the primary carrier has paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. We do not file tertiary claims but will be happy to provide any documentation that will assist you.

Please bring your insurance card with you to each appointment.

If you are insured by a plan we are contracted with but don't have an insurance card with you, payment in full for each visit is required until we can verify your coverage.

If you are a member of an insurance plan with which we do not participate, payment in full is due at the time of service.

Our office will make every effort to bill the insurance that is provided at the time of service. If incorrect information is provided, it will then be the responsibility of you to pay your balance in full and bill your insurance company yourself.

Co-Payments: Your insurance company requires us to collect co-payments at the time of service. Waiver of co-payments may constitute fraud under state and federal law. Please help us in upholding the law by paying your co-payment at each visit. For your convenience we accept cash, Visa, MasterCard, Discover and American Express. If you do not have your co-payment your appointment may be rescheduled or you may incur a co-payment billing fee of \$20. Additionally, you may have coinsurance and/or deductible amounts required by your insurance carrier. In this instance, we ask that patients pay \$30 at the time of visit. This will be applied to that date of service. If appropriate, once insurance payment has been received, any monies owed to patient will be refunded. Any outstanding balance on your account, after adjusting for all of your insurance's responsibilities, will be billed to you and due 30 days from receipt.

Non-Covered and Out of Network Services: Medical services that are considered by your insurance company to be non-covered, out of network, or not medically necessary will be your responsibility.

For Our Patients with No Medical Insurance: If you do not have group or individual medical insurance, payment for all professional services is expected at the time of your visit. Please note, we do offer discounted fees for patients without health insurance.

Late Arrivals: A patient who arrives any time after his/her appointment is considered a late arrival. A late arrival will be checked in and worked into the schedule with the doctor's approval. If the patient is more than 10 minutes late, the patient will be considered a no-show and the appointment will more than likely need to be rescheduled.

Appointment No-Shows: Any patient who fails to arrive for a scheduled appointment without cancelling the appointment at least 24 hours prior to the scheduled time is considered a "no show". A no-show patient may be charged \$40.00, as set by the Practice, for failure to show. A patient who fails to present themselves two times for scheduled appointments may be dismissed from the practice at the doctor's discretion.

Returned Checks: Returned checks will incur a \$30.00 service charge. You will be asked to bring cash, certified funds, credit/debit card or a money order to cover the amount of the check plus the \$30 service charge to pay the balance prior to receiving services from our staff or the physician. Stop payments constitute a breach of payment and are subject to the \$30 service fee and collections action.

Delinquent Balance Appointment: Patients with a delinquent balance are required to make payment in full for future services. A delinquent account is defined as a patient balance in excess of 90 days if the patient has not made full payment. If such payment is not made, services may be refused.

Nonpayment: All patient responsible balances that remain delinquent after 120 days, with no response to our request for payment, may be referred to a collection agency. Please be aware that if a balance remains unpaid, you and/or your immediate family members may be discharged from this practice. If this is to occur, you will be notified by regular and certified mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Office Policy: To ensure confidentiality and privacy, any type of electronic recording is strictly prohibited at any location with the office.