

# **INTEGRATED DERMATOLOGY OF NJ**

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## **FINANCIAL POLICY**

Integrated Dermatology of NJ, LLC, is committed to providing you with quality care. As a patient of Integrated Dermatology of NJ, you are financially responsible for all medical services. Your clear understanding of our financial policy is important to our professional relationship. Our office will be pleased to discuss our professional fees with you at any time.

## **Verification of Patient/Insurance Information**

As a patient, you are responsible for providing accurate and complete insurance information. At the time of scheduling your appointment, you will be asked to provide your insurance information. If we are providers with your insurance carrier, as a courtesy to you, we will file a claim with your insurance carrier. This is not a guarantee of payment.

Your health insurance is a contract between you and your insurance company. We are not a party to your contract. Therefore Integrated Dermatology of NJ cannot become involved in disputes between you and your insurance company regarding deductibles, non-covered charges, co-insurance, secondary insurance, coordination of benefits, pre-existing conditions, or “reasonable and customary” charges other than to supply factual information as necessary. You are responsible for timely payment of your account.

At check-in you will be asked to provide your insurance identification card and state-issued identification. This is for your protection as well as to ensure that no changes in coverage have occurred.

## **Referrals**

If you have a health plan that requires a referral from your primary care physician, it is your responsibility to obtain this information prior to your appointment. It is also your responsibility to verify that you do not exceed the number of authorized visits by your primary care physician/health care plan. If you exceed your authorized visits, you will be billed for all services rendered. If you are unable to obtain a referral, your appointment

will be rescheduled or you will be expected to pay for charges in full at the time of service.

### **Co-Payments/Deductibles/Co-Insurance**

Co-payments, applicable deductibles, and co-insurance amounts will be collected at the time of your visit. If the patient has an unmet deductible, we will charge a \$120 deposit for new patients and \$50 for follow-up visits. If the patient has co-insurance, we will charge an amount that is proportional to the coinsurance percentage. After the claim is processed, we will balance the bill or refund the remaining amount. Adult & Pediatric Dermatology is not able to discount/waive any co-payment, deductible and/or co-insurance amounts.

### **Cancellation and Missed Appointment Policy**

While we understand that personal circumstances sometimes make it necessary for you to cancel your appointment, please notify us as soon as you know you will not be able to keep your appointment. Short-notice cancellations and missed appointments or “no-shows” prevent us from offering the appointment to other patients wishing to be seen, particularly for surgical and Mohs slots.

For surgical and Mohs slots, appointments not canceled at least 3 (three) business days in advance are considered “late” cancellations. There will be a **\$100.00** fee assessed for this.

For general dermatology slots, appointments not canceled at least 1 (one) business day in advance are considered “late” cancellations. There will be a **\$50.00** fee assessed for this.

A frequent pattern of appointment cancellations and/or visit “no-shows” makes it impossible for our providers to provide appropriate continuity of care, and may result in a patient’s discharge from our care.

### **Self-Pay/Non-Contracted or Out-of-Network Plans/Non-Covered Services/Third Party Claims**

Payment in full will be collected at the time of the visit. Our office does not send claims to outof-network plans. We will gladly provide a receipt for you to submit to your insurance company.

### **Medicare Patients**

If you have regular Medicare part B and a secondary carrier (Medi-Gap Plan), we will not collect any payment at the time of your visit. Our office will bill you for any portion of your bill not paid by Medicare and your secondary carrier.

If you have regular Medicare part B only and have not met your deductible, we will collect the deductible amount along with your 20% co-insurance at the time of your visit. If you have regular Medicare part B only and have met your deductible, we will only collect your 20% co-insurance at the time of your visit.

### **Medical/Billing Records Requests/Patient Document Requests**

All records requests must be submitted in writing and must include a signed release from the patient. All records requests will be processed within 5 working days from the request. If the record is over twenty (20) pages, a \$25 fee will apply.

### **Patient Balances**

Any patient balance due after your insurance company has processed your medical charges will be billed and is due upon receipt. If the balance is not paid or payment arrangement established, your account will be forwarded to an outside collection agency within 90 days of the first billing statement. You will be responsible for any collection costs, attorney fees, filing fees and court costs if any past due balance is placed with an agency for collection or with any lawsuit or legal action.

Upon arrival for any appointment, any outstanding balances due will be collected at check-in.

### **Methods of Payment**

Our office accepts cash, check, and credit cards (Visa, MasterCard, Discover). We also accept CareCredit and payment plan arrangements.