DERMATOLOGY & SKIN CARE BY SHELLY

FINANCIAL POLICY (Update 07/16/2026)

Thank you for choosing Dermatology & Skin Care by Shelly. We are committed to providing exceptional dermatologic care while maintaining clear communication regarding insurance billing and financial responsibilities. This policy explains our billing practices and your responsibilities as a patient.

INSURANCE VERIFICATION

As a courtesy, our office may verify your insurance eligibility and benefits and, when applicable, submit requests for prior authorization. Insurance verification is provided solely as a courtesy and is not a guarantee of payment, coverage, network participation, referral requirements, or prior authorization. Verification of eligibility generally confirms only that an insurance policy is active on the date of inquiry. It does not verify coverage for specific services or guarantee payment or that:

- Our providers participate with your specific insurance plan or network.
- Your services are covered.
- Prior authorization or referrals have been obtained or approved.
- Your insurance company will pay for the services provided.
- The estimated patient responsibility quoted by our office is the final amount owed.

Insurance companies frequently change provider networks, benefits, and authorization requirements without notice.

For this reason, patients are ultimately responsible for verifying that our providers participate with their specific insurance plan and for understanding their individual benefits, policy exclusions, referral requirements, prior authorization requirements, deductibles, copayments, coinsurance, and coverage limitations before services are rendered. Any information provided by our office regarding insurance eligibility, benefits, copayments, deductibles, coinsurance, network participation, referrals, prior authorizations, or estimated patient responsibility is based on the information available at the time and should not be construed as a guarantee of payment by your insurance carrier.

I understand that insurance verification is a courtesy and that I am responsible for confirming network participation and coverage. **Initial _____**

PATIENT FINANCIAL RESPONSIBILITY

You are responsible for providing our office with your current and accurate insurance information at the time of service. If your insurance changes at any time during the billing process, you must notify our office immediately. You are financially responsible for all charges not paid by your insurance carrier for any reason, including but not limited to:

- Out-of-network benefits or non-participating provider status
- Failure to obtain required referrals or prior authorizations
- Services not covered by your insurance plan
- Benefit limitations or exclusions
- Deductibles, copayments, and coinsurance
- Claims denied, reduced, or delayed for any reason permitted under your insurance policy

Our staff will make every reasonable effort to provide an estimate of your financial responsibility before services are rendered. However, all estimates are based on information available at the time of service and are not guarantees of the final amount you may owe. Your actual financial responsibility will be determined after your insurance company processes your claim. Patient balances are due within 30 days of receiving a statement unless other written payment arrangements have been approved by our office.

CLAIMS PROCESSING

As a courtesy, we will submit claims to your insurance carrier when appropriate. Insurance carriers often require several weeks to process claims. Our office allows up to 60 days for normal claim adjudication before additional billing action may be taken.

Your prompt response to requests from either your insurance company or our office for additional information is required. We ask that you respond within 7 days of any request. Failure to provide requested information may delay claim processing and may result in the outstanding balance becoming your responsibility. If it is determined that a claim cannot be submitted, resubmitted, or billed to another insurance carrier, the outstanding balance will remain the patient's responsibility.

COSMETIC SERVICES

For cosmetic services that have a consultation, a written cost estimate for cosmetic procedures will be provided prior to treatment. These estimates are subject to change. If no consultation is provided, a cost estimate will be given the date of service. All cosmetic payments are due on or before the day of service. Cosmetic procedures, products, prepaid treatment packages, and gift certificate purchases are non-refundable unless otherwise required by law.

REFUNDS

Refunds are given on a case-by-case basis. If a refund is determined to be owed, it will be held in your account for use up to one year unless a refund is requested by you. Refunds will be issued typically within 30 days. Insurance-related overpayments will be refunded in accordance with this policy.

COMMUNICATION

Financial communications (statements, collection notices) will be sent to the address on file. Please notify our office promptly of any address changes to ensure timely receipt of billing communications.

LATE CANCELLATION & NO SHOW NO CALL POLICY

Appointments cancelled with less than 24 business hours' notice are subject to a $50 late cancellation fee. Because our office is closed on weekends, cancellations for Monday appointments must be received before the close of business on the preceding Friday to avoid a late cancellation fee. Failure to arrive for a scheduled appointment without prior notice ("no-show") will result in a $75 fee. Patients who no-show 2 times without payment of fees prior to appointment will not be scheduled for future appointments until outstanding no-show fees are paid.

INSUFFICIENT FUND/RETURNED CHECK POLICY

If your check is returned there will be a $25.00 NSF fee charged to your account. We understand that mistakes happen. Therefore, we allow two weeks from the date the check is returned before referring the matter to the Yavapai County Bad Check Program.

PAYMENT IS DUE AT THE TIME OF SERVICE

Payment is due at the time services are rendered unless prior arrangements have been approved by our office. Effective January 1, 2026, a 3% credit card processing fee will apply to cosmetic and self-pay services. This fee does not apply to insurance copayments, deductibles, coinsurance, or balances billed to insurance.

PAST DUE ACCOUNTS

Accounts with balances remaining unpaid for more than 60 days may be assessed interest at the rate of 18% per annum, as permitted by applicable federal, state, and local law. This interest rate is agreed upon by the patient as part of this written financial policy.

Accounts that remain delinquent may be referred to a third-party collection agency. If an account is referred to collections, the patient may be responsible for additional collection costs (20%), attorney's fees, and other expenses to the extent permitted by law. Our office will comply with all applicable federal and state debt collection regulations, including but not limited to the Fair Debt Collection Practices Act and any applicable Consumer Financial Protection Bureau rules.

Before any account is referred to collections, our office will make reasonable efforts to contact the patient and provide an opportunity to resolve the outstanding balance, including offering payment plan arrangements when appropriate.

Our office reserves the right to update this policy as needed to remain in compliance with evolving federal, state, and local regulations regarding medical debt.

Thank you for your cooperation and if you have any questions please ask. We are here to help!

ACKNOWLEDGMENT

By signing below, I acknowledge that I have read, understand, and agree to the Financial Policy of Dermatology & Skin Care by Shelly, and agree to comply with the policies outlined above.

Patient Name: _____ Signature: _____

Patient Representative Signature: _____ **Relationship**:_____

Date: ____/_____/_____

Shelly L Crossman FNP-C, DCNP