

## **FINANCIAL POLICY**

Welcome to Southern Marin Dermatology (“SMD”). It is our pleasure to have you as our patient.

Our commitment is to provide you with the best possible care and services. Your complete understanding of your financial responsibilities is an essential element of your care and treatment. Please read the following policies carefully and let us know if you have any questions.

### **Financial Responsibility**

**Payment for Services:** You are financially responsible for all charges related to your care and treatment. **Payment is due in full at the time services are rendered.**

**Methods of Payment:** SMD accepts cash, checks (from local banks only), Visa, MasterCard, American Express, Discover, Google Pay, and Apple Pay.

For your convenience, we offer several secure options for making payments, including text-to-pay, or online via our website link or your patient portal.

### **Insurance**

SMD accepts many types of insurance. See our website for a list of insurance companies we participate with. Please note that the list may not be all-inclusive as plan options change over time. Prior to making an appointment, please verify your coverage to determine if your specific insurance plan is “in network” by either calling the number on the back of your insurance card or searching by your insurance company’s website (often located in the “find-a-doctor” resources).

We will make every effort to verify your benefits and to follow the guidelines required by your insurance company; however, all health plans are not the same and do not accept billing for the same services. Please understand that your insurance policy is a contract between you and your insurance company; this contract is in no way a binding obligation between SMD and your insurance company.

Please also be aware that insurance plans do not consider dermatologic visits or services (including full body mole screenings and biopsies) as “preventative care,” therefore all SMD services will be billed as dermatologic specialty visits or services.

As a courtesy for patients with insurance, SMD may forgo requiring payment in full at the time of service if all the following conditions are met:

- 1) You provide SMD with a copy of your current insurance card and driver's license in advance of your appointment, and SMD has the opportunity to verify said coverage;
- 2) SMD is “in network” with the insurance company and prior arrangements have been made to accept assignment of benefits;
- 3) The service provided by SMD is considered a "billable" service by your insurance company;

- 4) You assign your insurance benefits to SMD and agree to have your insurance company send payment to SMD directly for services;
- 5) You understand it is your responsibility to know if a written referral or authorization is required to see specialists, whether preauthorization is required prior to a procedure, and what services could be billed;
- 6) You acknowledge that verification of insurance benefits, a quote for benefits, or a referral from another physician's office is not a guarantee of benefits or payment;
- 7) You provide complete payment at the time of service for any amounts deemed as your responsibility by your insurance company, including any and all co-payments, deductibles, and coinsurances;
- 8) You understand that claims filed by SMD on your behalf will be processed by your insurance company according to your plan, and they will determine payment. Some services may not be accepted by your plan, or your insurance company may pay only a portion of the charges.
- 9) You agree that if your insurance company does not pay SMD within 60 days of the date of service, you are responsible to pay all amounts that are not covered by your insurance company for any reason. Payment will be due in full immediately upon notification from SMD of the balance due.

We strongly advise you to contact your insurance company prior to scheduling a visit or procedure for answers to any questions regarding your coverage or their payment policies and reimbursement procedures. Please call your insurance company to expedite any claims that have not been paid within 30 days.

HMO Patients: Please note that you are responsible for obtaining any necessary authorizations prior to your appointment. If you do not present SMD with the necessary insurance authorization documentation prior to your appointment, you will be responsible for payment in full.

Minors: For all services rendered to minor patients, SMD will look to the adult accompanying the patient and the parent or guardian with custody for payment for all services, including virtual visits.

Laboratory fees: You will receive a separate bill from an off-site independent laboratory (e.g. UCSF Dermatopathology, APMG Pathology, LabCorp, LabQuest, etc.) for any lab test, biopsies, and other diagnostic services that your Provider may order. SMD is not responsible for such billing; please discuss any questions with the laboratory and/or your insurance company directly.

Keep Insurance Current: It is your responsibility to keep us updated with your correct insurance information. Please notify us at least 24 hours prior to your next appointment if your insurance coverage changes. Failure to do so may result in rescheduling your appointment. If the insurance company you designate is incorrect, you will be responsible for payment of the visit and to submit the charges to the correct plan for reimbursement.

Non-Participation: If SMD does not participate in your insurance plan, payment in full will be due at the time services are rendered. As a courtesy upon request, SMD will supply you with a Superbill that you can submit to your insurance for possible reimbursement.

HSA accounts: SMD will not submit claims or attempt to collect payment from health savings accounts. As a courtesy upon request, SMD will supply you with a receipt that you can submit to your HSA for possible reimbursement.

## **Self-Pay**

If you don't have health insurance or your insurance is out of the network, you're considered a self-pay patient. This includes all cosmetic visits, including consultations and treatments. For self-pay patients, payment will be due in full at the time services are rendered. For certain types of cosmetic treatments, payment in full may be required in advance.

## **Cosmetic Consultations**

Cosmetic consultation fees are non-refundable. Cosmetic consultation fees may be applied as a courtesy toward any elective (non-medical) treatments that were discussed during the visit provided the treatment is booked within one year with the same Provider.

Medical advice is not included in the fee for a cosmetic consultation. If you request and receive any medical advice during your visit (e.g. prescription counseling, spot check, etc.), your insurance will be billed for this additional service.

In the event that you are not a candidate for the service that your cosmetic consultation is about, the consultation fee will still apply for the appointment.

## **Billing**

**Balances:** You are responsible for any balance on your account. For patients with insurance, your balance will be billed immediately on receipt of your explanation of benefits. Your remittance is due within 10 business days of your receipt of your bill.

**Overdue balance fees:** Any outstanding account balances over 60 days will be subject to a late payment fee of \$50 per month.

**Collections:** Any outstanding account balances over 90 days may be turned over to a collection agency. In this case, you will be responsible for any collection fees charged to us by the agency in addition to your outstanding balance. Accounts that are turned over to collections may result in dismissal from the practice.

**Notifications:** SMD utilizes an automated system to generate courtesy reminders regarding your balance. Please let us know which notification method you prefer (text message or paper statement by mail), and be sure to keep your telephone number, address, and email current in our records. While it's rare for our automated system not to notify a patient of their balance, we cannot guarantee that all notifications will absolutely reach you. **PAYING YOUR BALANCE IS ULTIMATELY YOUR RESPONSIBILITY.**

**Credit Card on file:** Our software system allows for a credit card to be securely stored on file with visibility of the last 4 digits only. SMD staff will charge a card on file when specifically instructed by you, such as when authorized for Telehealth appointments or an outstanding account balance.

**Auto-Pay:** Our software system allows you to set-up a one-time automatic payment of your patient balance due for a medical visit. Your payment would be triggered after the insurance processes the claim and SMD receives of your explanation of benefits. You must be in-person at our office to authorize this payment option.

Telehealth Appointments: SMD will bill your insurance company for virtual (“telehealth”) medical appointments in a similar manner as in-person appointments, using appropriate modifiers for virtual visits per insurance coding protocols - see “Insurance” above.

Prior Authorizations: Prior authorization is a process where a healthcare provider must obtain approval from a patient’s insurance company before providing certain medical treatments, medications, or services. SMD provides most prior authorizations free of charge; however, some processes are complex and require significant amounts of information and provider/staff time to complete. SMD may charge a \$75 administrative fee at your Provider’s discretion for prior authorizations that require more than 10 minutes to complete.

Medical Advice Messaging: For non-urgent medical inquiries, you can communicate with your Provider through your Patient Portal at any time and they will typically reply in 1 - 3 business days. SMD replies to many messages free of charge (e.g. follow-up care related to a recent procedure, updates for your Provider when no response is needed, or messages that lead your Provider to recommend a visit); however, if your Provider needs to make a clinical assessment or medical decision; prescribe, refill, or make changes to a medication; order a test; complete a form; review your medical history in order to respond to your message; or if it takes more than a few minutes to respond, it may be billed to your insurance.

Checks: A \$35 fee will be charged for any checks returned unpaid by your financial institution, in addition to any bank fees incurred.

Promotional Discounts: SMD may choose to offer promotional discounts on certain products or services at certain times. Any orders placed must satisfy all the terms and conditions of the specific offer to qualify for the discount. Discount offers are valid only for the time advertised and will not be extended. Discounts cannot be applied to already discounted items or combined with any other promotions or offers. All discounts are at SMD’s sole discretion, are subject to change, and may be discontinued at any time.

## **Billing Questions**

Questions: For any questions about your bill, please call our Billing Department at **707-838-2711**.

Payment Plans: If you are unable to make a payment for reasonable circumstances that are out of your control, please contact our Billing Manager to discuss alternative options.

Disputes: If you have reason to believe you or your insurance was billed incorrectly or a payment was applied incorrectly, you may submit a request for a formal review of your account in writing to:

Southern Marin Dermatology  
ATTN: Billing Manager  
2330 Marinship Way, Suite 370  
Sausalito, CA 94965

The Billing department will respond within 10 business days.

**ACKNOWLEDGEMENT OF FINANCIAL POLICY**

I have read and understand the above Financial Policy and I agree to be bound by its terms.

I also understand and agree that such terms may be amended from time to time by the practice.

**Patient's Name:** (print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- OR -

**Patient's Legal Representative's Name:** (print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Describe Authority:** \_\_\_\_\_

**PATIENT CONSENT FOR ASSIGNMENT OF BENEFITS**

Southern Marin Dermatology will bill your insurance as a courtesy to you. If your insurance does not pay the claim within 60 days of the date of service, the balance of your account will be your responsibility. You are responsible for charges not covered by your insurance company. All copayments are due at the time of service.

Assignment of Benefits and Release of Information: I hereby authorize my insurance company to pay benefits directly to Southern Marin Dermatology. I authorize Southern Marin Dermatology, Inc. to release to my insurance company any information required to process insurance claims on my behalf.

**Patient's Name:** (print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- OR -

**Patient's Legal Representative's Name:** (print) \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Describe Authority:** \_\_\_\_\_