

Mt. Lebanon Dermatology, PC  
**Financial Policy:** effective September 28, 2016

**INSURANCE:**

We participate with most insurance companies. **We do not participate with:** Medical Assistance (Access, Gateway, CoventryCares, Upmc for You, UPMC Advantage Speciality, Aetna Better Health, United Healthcare Community Plan for Families, Unison) or Workmen's Compensation. You should direct any questions and/or complaints regarding coverage to your insurance carrier, your employer (if group plan) or to your agent. Insurances vary in their coverage and it is **the patient's responsibility** to understand his/her medical benefits.

**INSURANCE CARDS:**

You will be asked to provide your insurance card(s) at every visit. This is to insure that the information we have is correct.

**CO-PAYS, Coinsurances, Deductibles, and other non-covered billable services:**

All office co-pays are to be paid **at the time of service**. **This is an insurance company policy.** We will bill your insurance company as a courtesy to you. After our billing is completed, the patient is responsible for any coinsurances, deductibles and any other non-covered billable services. We do not bill third parties. If you do not have insurance coverage or we do not participate with your insurance carrier your total charges are due on the date of service.

**PAYMENTS:**

\* A balance due statement is sent to the patient immediately after payment is received from their insurance company. Unpaid balances are due upon receipt of this statement.

\* If payment is not received within 60 days, your outstanding balance will be transferred to "Transworld Systems" a balance facilitator. At that time, accounts with a balance over \$50.00 will be assessed a fee equal to 50% of the unpaid balance and accounts with a balance of \$50.00 or less will be assessed a \$25.00 service charge. At that time, the patient and his/her family will be discharged from the practice.

\* If the balance facilitator does not received payment within 90 days, your outstanding balance will be transferred to "Credit Management Services" a collection agency. This is an agency that affects credit.

\* Partial payments are readily accepted. Please call the billing department to make payment arrangements.

\* If the patient's check is returned to us by the bank or a credit card payment (by mail) is denied, a \$25.00 returned check/credit card fee is assessed on the account.

**CANCELLING APPOINTMENTS AND MISSED APPOINTMENTS: Due to a high volume of patients that need our care we must enforce the following policy: A 24 hour notice of cancellation is required.**

Our Cancellation policy is as follows:

\***New patients** or returning patients who have not been seen in 3 years will be charged a **\$50.00 fee** for an appointment that they fail to cancel 24 hours in advance of their appointment time.

\***Returning patients** (have been seen within the last 3 years) will be charged a **\$25.00 fee** for an appointment that they fail to cancel 24 hours in advance of their appointment time.

\***Surgical or procedural appointments** that are not canceled 24 hours in advance of their appointment time will be charged a **\$50.00 to \$100.00 fee** depending on the service scheduled.

**COSMETIC SERVICES: All charges for cosmetic services must be paid at the time of the visit.**

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Patient Signature (or Guarantor if the patient is a minor)

Date: Full Mth day, Year