SKIN & LASER CENTER OF NJ
FINANCIAL POLICY

It is the **patient's responsibility** to provide all insurance information, obtain referrals, and check that the doctor is in-network, before seeing the physician. If you have provided us with a second insurance, we will automatically file a claim with them as soon as the primary carrier has paid. We will **not** submit to a third insurance. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. You are financially responsible for any services provided but not covered by your insurance plan as detailed on your insurance Explanation of Benefits.

It is the policy of Skin & Laser Center of NJ to treat all patients equitably related to account balances. **The practice will not waive, fail to collect or discount** co-payments, coinsurance, deductible, or other patient financial responsibility in accordance with **State and Federal Law**, as well as participating agreements with insurance carriers.

- **INSURANCE CARDS** - must be presented at every visit. If no card is presented, you cannot be seen until the card is presented and / or proof of coverage is verified by the office.
- **CO-PAYMENTS** - By law we **MUST** collect your carrier designated copay at the time of service. Please be prepared to pay that copay at each visit upon check in. If you do not have your co-payment, your appointment may be rescheduled.
- **HIGH DEDUCTIBLES** - If your plan has a high deductible, it is our policy to request your credit card information which we will keep in a secure file until we receive the explanation of benefits (EOB) from your insurance company. We will then run your credit card to pay the balance of your responsibility as shown on the EOB with a maximum about of $1000/year.
- **REFERRALS** - If your plan requires a referral from your primary care physician it is **your** responsibility to obtain it prior to your appointment and have it with you at the time of your visit. If our office schedules a follow-up appointment for you, please call our office at least 48 hours in advance and we will gladly check the status of your referral. **If you do not have your referral, you will be required to reschedule your appointment.**
- **NON-PLAN PATIENTS OR COSMETIC PROCEDURES** - Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. If applicable, you can attach the itemized receipt to your insurance form and send it to your carrier, who **MAY** reimburse you directly.
- **MEDICARE** - We will submit to Medicare for the allowed amount. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to secondary insurance if you have one.
- **OUTSTANDING BALANCES** – Balances over 90 days past-due will be sent to a collection agency. Collection accounts will be subject to a 30% collection fee which will be added to the past due balance. It is the patient's responsibility to pay their balance. Invoices for balances under $10.00 will not be mailed by the office. It is the patient's responsibility to pay their balance.
- **ARRIVING LATE** – You will be given a 15 minute grace period for arriving to your appointment. If you arrive more than 15 minutes late, you will be considered a NO SHOW, and you will need to reschedule your appointment. If you will be arriving after the 15 minute grace period, please call us and we will determine if we will be able to see you, or if you will need to reschedule.
- **RESCHEDULING, CANCELLING APPOINTMENTS, AND NO SHOWS:**
  - No showing, rescheduling or cancelling a medical appointment with less than 24 hour notice **- $50 fee**
  - No showing, rescheduling or cancelling a 20 minute appointment with less than 24 hours notice - **$100 fee**
  - No showing, rescheduling or cancelling a surgery/excision appointment with less than 24 hours notice - **$150 fee**
  - No showing, rescheduling or cancelling a 30+ minute appointment with less than 24 hours notice - **$150 fee**
- **$50 administrative fee for patient checks returned by the bank**
- We **DO NOT** participate with **Medicaid**. **<u>If you have a Medicaid plan please advise front desk staff immediately.</u>**

You are responsible for the timely payment of your account. WE ACCEPT CASH, CHECKS, DEBIT AND CREDIT CARDS. THANK YOU for taking the time to review our policies. Please feel free to ask any questions or share with us any concerns.

X _____ Date: _____
(Patient signature; if minor then parent/guardian must sign)

_____ Date: _____
(Patient name printed)

REV. 12/19