

### Financial Policy

As a courtesy to our patients, we will gladly file the forms necessary so that you receive the full benefits of your medical coverage. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay for the services we have provided to you.

Payment is expected and required in full at the time services are rendered.

* I understand that insurance coverage is a contract between me and my insurance company and is not a guarantee of payment. I remain responsible for obtaining any required referrals prior to the visit, and to inform the office if my insurance requires pre-certification or pre-authorization of services prior to scheduling such services, otherwise I am responsible for payment of balance at time of visit. I understand that, regardless of coverage, I am responsible for any remaining balance not covered by my insurance company, Medicare and/or supplemental policy for all charges for services rendered to me or to my dependents at Nova Dermatology. Such services may be denied due to “No Eligibility”, Non-Covered Service”, or “Pre-authorization/Certification Not Obtained”. It is my responsibility to ask my insurance company if I have questions regarding my benefits and coverage.
* I understand that Nova Dermatology is required by contract with commercial insurance companies as well as government health programs to collect any copayment, co-insurance and any unmet deductible at the time of service. The amount collected at the time of service is an estimate based on benefit information available. Specific benefit amounts are unavailable until claims have been filed and/or processed by the companies. Patient portion is adjusted and refunds/amounts due are reflected in patient account after claim processing is complete.
* I understand that biopsies and other surgical procedures will result in two charges. First charge is by the physician for performing the biopsy and collection of specimen for submission for pathology. A second charge is by the pathologist (a medical doctor chosen by Nova Dermatology) for processing and examining the submitted specimen. I understand that I will be billed separately by the pathologist who will render histopathological diagnosis.
* I understand that I will communicate the preferred lab for my insurance company, Medicare and/or Medicare supplement program for all blood work at the time of service.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credit Card On File**

Nova Dermatology is committed to making our billing process as simple and easy as possible. We require that all patients provide a credit card on file with our office. We will scan your card with a card reader. It will store your card number in a secure, PCI compliant location as a token. For security reasons only the last four digits will be visible to our staff. Credit cards on file will be used to pay any outstanding account balances, after your insurance processes your claim. You are not obligated to use this card for any payments at our office, however if we do not receive payment for the amount listed on your statement within 13 days, we will attempt to contact you and run the credit card on file for the full amount owed. If your payment is declined, we will attempt to reach you again. If we are unable to contact you, any outstanding bills over 30 days will be subject to collections.

I give Nova Dermatology permission to charge my credit card for any patient balance due on my account. If I have insurance coverage, my card will be charged AFTER my insurance has paid their portion.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_