**Collections and Outstanding Balances:** 

- The provider reserves the right to add a monthly interest fee on any account with an unpaid balance over 30 days.
- Any outstanding balance after 60 days of the date of service may be referred to an outside collection agency. If this account is assigned to attorney for collection and/or suit the prevailing party shall be entitled to reasonable attorney's fee and cost of collection.
- Patients with unpaid delinquent accounts or accounts which have been sent to collections may be discharged from our practice.

We consider collections as an unfortunate last result. Please notify us immediately of any financial hardship and allow us the opportunity to assist you in finding a solution.

# **Payment Plans:**

- Our office will be happy to work with you in order to pay any balances due to our practice.
- Please contact our billing department to work out a payment plan with our practice.
- Self-pay patients **may** qualify for a 15% discount for payment in full at time of service in our Dermatology office.
- Payment plans are assigned at our discretion. We reserve the right to refuse a payment plan if we feel terms are unreasonable or an agreement has been broken.
- Failure to comply with a payment plan may result in a referral to outside collections and discharge from our practice.

# Financial Assistance:

- Your health care is important to us. We are happy to offer Charity Care for our patients who qualify for financial assistance.
- Our Charity Care Sliding fee schedule was adopted from the *RiverStone Health Clinic* Discount Schedule, based on the Federal Poverty Guidelines, updated annually each April.
- We reserve the right to refuse Charity Care if we believe information provided is false.
- Applications must be updated every 12 months.
- It is the applicant's responsibility to inform us of ANY financial changes immediately.

## Refunds:

- Refunds are issued only to the appropriate party.
- Patient refunds will not be processed until all active or past due charges are paid in full.

# **Cosmetic/Elective Procedures:**

- By definition, these procedures are not covered by insurance companies, and this office does not submit claims on their behalf. Payment in full is required on the day of the procedure.
- We fully comply with the federal standards regarding privacy and security of your personal health information. (HIPPA)

# It is our pleasure to answer any questions you may have about our financial policy.

Billings Dermatology & Aesthetics 2294 Grant Road, Billings, MT 59102 p: 406.294.9515 f: 406.294.9520 www.billingsdermatology.com



## Financial Policy • Revised 8/2021

Welcome and thank you for choosing Billings Dermatology & Aesthetics for your skin care needs. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our fees have been determined through careful consideration in addition to being reasonable and customary to our geographical area. We are pleased to discuss with you any questions you may have concerning your bill.

In order to achieve our goal of providing you with the best care possible, we need your assistance and your understanding of our financial policy:

# Things to bring with you to EACH appointment:

- Health Insurance Card(s)
- Driver's License
- Method of Payment

# Appointments:

- New patients please arrive 15 minutes early to allow for registration and paperwork.
- If you arrive more than 15 minutes late for an appointment, you may be asked to reschedule your appointment.
- It is your responsibility to verify that our providers are currently under contract with your insurance carrier and that you have obtained all necessary referrals BEFORE your scheduled appointment. (Failure to confirm this may result in your responsibility for any and all charges.)

 Please inform the receptionist of any demographic changes (phone, address, insurance information, etc.). Failure to notify us immediately of demographic changes, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance.

#### Missed or Cancelled Appointments and other fees:

- All co-pays are due at the time of service.
- There will be a fee of \$35 for any returned checks to our office.
- Balances are due prior to any further services provided by our office.
- No-shows and late cancellations may be charged a fee of \$35.

## Payment is due at the time services are rendered:

- Co-pays and co-insurance amounts, deductibles, and all non-covered items and charges are the insured/Patient's financial responsibility and are due during the check-in process. Failure to produce payment at check-in may result in your appointment being rescheduled.
- Any amount not covered by insurance is due within 30 days of your first statement.
- As a courtesy to you we gladly accept cash, check, money order, Debit, Visa, MasterCard, Discover, American Express and Care Credit.
- We also provide our patients the ability to pay by phone (406) 294-9515 or online at: www.billingsdermatology.com/payment.

• Failure to pay balances may result in a referral to an outside collection agency and discharge from our practice.

#### Your Insurance Coverage:

- Your insurance coverage and benefits are a contract between you and your insurance company and therefore all disputes must be handled between you and your insurance company. We are happy to provide any documentation requested by either party.
- We are contracted with multiple insurers to accept assignment of benefits. You are responsible for verifying if we are contracted with your plan and understanding your outline of benefits.
- If you have an insurance plan that we do not contract with, you will be treated as a self-pay patient.
- We are required to file with your primary insurance carrier only. As a courtesy to our patient, we will file a claim with your secondary insurance.

## **Medicare Patients:**

- Please make sure that you have a full understanding of your benefits and what might be your responsibility if not covered by your insurance.
- Medicare requires that we provide patients with a written notification whenever it is likely that you will be responsible for a bill.

## Medicaid:

- We are not contracted and **will not** bill Medicaid of Wyoming.
- We are not contracted and **will not** bill Medicaid of Montana.

## **Minor Patients:**

- The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as payment in full for services provided.
- Parent(s) or guardian(s) must have an Authorization for Medical Treatment signed each time a minor arrives unaccompanied for an appointment.
- In compliance with HIPPA regulations, we are unable to discuss any details of services rendered or to produce an itemized bill for any parties that are not the patient, parent/guardian unless otherwise documented.
- The parent or guardian accompanying the minor will be held responsible for payment for services. A copy of this financial policy and all statements are available upon request to each parent if living in separate residences.

## Lab Charges:

- Any service(s) provided by a lab or hospital is a contract between you and that lab or hospital. Any dispute with that lab or hospital should be handled with that lab or hospital and is not the responsibility of our practice.
- It is your responsibility to know which procedures your insurance company will cover at these facilities.
- Pathology/ lab work is billed separately from office visits. You may receive a bill from Billings Dermatology & Aesthetics if pathology was done in our office, or you may receive a bill from an outside lab.