



## Patient Appointment/Financial Policy

This agreement between Ada Dermatology and the Patient/Guarantor named below. By signing this agreement, you are acknowledging that you understand our insurance and financial policies and are agreeing to pay for all services that are received.

### Initial Visit

Please provide us with your insurance card(s) and billing information if you would like us to bill your insurance for you. Otherwise payment in full will be required at the time of your visit.

### Health Insurance

Ada Dermatology is contracted with several PPO plans, networks and private insurances. As a service to you, we will file with your carrier for all charges that are covered, i.e., medically necessary services rendered. You are responsible at the time of the visit for any copayment, coinsurance, and charges not covered or considered cosmetic by your insurance company. If your insurance deductible is not met, you may be required to pay your full deductible at the time of service (depending on your procedure.) Because of the multitude of insurance companies and group coverages, it is difficult for our staff to know if your insurance company will cover your treatment. Therefore, we feel that it is your responsibility to know your insurance benefits and limitations and to verify whether we are contracted with your carrier.

For patients who have insurance coverage with a carrier with which we do not contract we will file a claim for you. If we do not receive payment from your carrier within 30 days of filing, you will be billed for the entire amount. Any amount not paid by your insurance company, will be billed to you. Please understand that since we do not have a contract with your plan, we are not obligated to adjust our charges based on your plan's coverage or benefits. The balance on your statement is due upon receipt. If payment is not received, we reserve the right to refuse future appointments on delinquent accounts until balance is cleared. If your account becomes past due, we will take necessary steps to collect this debt. All unpaid accounts for which payment arrangements have not been made are subject collection procedures. All returned checks will incur \$25 returned check fee.

### Medicare

All providers at Ada Dermatology are assigned providers with Medicare and your Medicare payment will come directly to our office.

Your responsibilities as a patient include:

- Payment of any deductible and coinsurance amounts
- Payment for any charges not covered under the Medicare program
- Reimbursement of Medicare

### Payment Options

- You may pay in full by cash, check or credit card.
- If you are unable to pay your portion at the time of service a written payment arrangement may be made.
- Please note any accounts that have a credit of \$10 or less will be held on the account and applied toward future appointments unless requested by the patient.

### Appointment Policy

- Ada Dermatology tries to stay on time as a courtesy to you and others. We request you arrive early for paperwork. If you arrive more than 10 minutes late to your appointment, we may need to reschedule you.
- We ask that you respect the appointment time we have reserved for you, and call 24 hours ahead to cancel or change the appointment. If you "No-show" an appointment there will be \$30 fee assessed to the account per missed appointment. Repeated missed appointments could result in dismissal from the practice.

It is also very important that you inform us of any changes in your addresses, telephone number, or insurance coverage. Please discuss any questions or payment circumstances with our Billing office at 208-377-0820 Ext. 4 or call directly 208-315-7301.

I have read, understand and agree to comply with these policies.

I acknowledge the receipt of Ada Dermatology Notice of Privacy Practices.

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

Patient name (print): \_\_\_\_\_