

## OFFICE POLICY

Welcome to Southern Illinois Dermatology. The following information is provided to assist you in interaction with our office. Thank you for entrusting us with your medical care.

### **Appointments:**

Every effort will be made to accommodate you regarding day and time of your appointment. Appointments can be made by calling our office during regular business office hours. (Clinic hours may differ) Should you need to reschedule or cancel an appointment, please give at least a 24-hour notice. A fee of \$25 will be charged to your account if appropriate notice is not received at least 24 hours before your appointment time. Also, if you do not reschedule or cancel an appointment and do not keep the appointment, your account will be charged \$25. Three failures to keep an appointment within 6 months or a total of 6 may result in the patient dismissal from the practice. In order to accommodate all of our patients, if you arrive more than 15 minutes late, we reserve the right to reschedule your appointment.

### **Financial Policies:**

Payment is expected at the time of service for the part of your account that is "patient due". "Patient due" includes deductible, co-payments, and private pay accounts/amounts. Private pay accounts include those patients with no insurance, third party insurance coverage, or managed care contracts with which we do not participate. Our billing department will submit a claim form to your insurance company as a courtesy so that the charges and payment can be applied to your policy. Also, payment for skin care products is due at the time of service. Payment for cosmetic procedures may be required prior to the procedure. Please feel free to contact our billing department for any questions you may have. It is with mutual understanding that you, the patient (or legal guardian), is ultimately responsible for payment for products and services rendered to you. Any additional charges associated with actions required to be taken in order to collect payment will be the patient's (legal guardian) responsibility to pay. This may include fees from a collection agency, small claims court, civil court, attorney fees or any other incurred expenses from activities taken in order to collect payment.

As a convenience we accept **Discover, Visa, MasterCard, American Express, and Care Credit.**

### **Medicare Patients:**

Medicare patients with a Medigap secondary policy will be expected to pay any unmet deductible at the time of service. We will file to both your Medicare carrier and your secondary policy. Medicare patients without a secondary Medigap policy should be prepared to pay any unmet deductible and your 20% co-payment at the time of service.

### **Contracts:**

At this time, Southern Illinois Dermatology is a participating provider for the following insurances: Medicare, Railroad Medicare, Medicaid, Blue Cross/Blue Shield; Healthlink PPO (Tier II); Healthlink HMO (Tier I); UMWA, Health Alliance, Aetna, Coventry National, First Health, Humana & Humana MMAI, Hope Trust, Alliance Coal, PPHP, Tricare/Champ VA & Cigna. We are also currently participating with the following Medicaid Managed Care and MMAI plans: Meridian Health, Molina Health and Blue Cross Community Health and the following Medicare Advantage plans: Meridian, Molina, BCBS, & Aetna. Please be prepared to pay any unmet deductible or applicable co-payment at the time of service. We will submit a claim to your insurance for payment under your policy.

I have read and fully understand the financial office policy as written above. I hereby agree to the financial responsibility I might incur due to this office policy.

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Patient Name (Please print name)

Patient DOB

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Patient/Responsible Party Signature

Date