



FINANCIAL POLICY HALCYON DERMATOLOGY

Payment is required for all services at the time they are rendered. All co-payments, co-insurance, and deductibles will be collected at time of service. All medical procedures performed have separate fees in addition to office visit fees. You are responsible for checking our participation and your deductible with your plan before your visit. You are responsible for any and all charges, not paid by your insurance company after 30 days. Any outstanding balances that are greater than 60 days old will be sent to a collections agency, and you will be responsible for all collection fees plus outstanding balances. Return patients cannot be seen until prior balances are paid. Any returned checks will be charged a \$50 returned check fee in addition to the balance owed. All balances/fees will be billed in accordance with your insurance policies.

- Requests for removal of benign growths such as pimples, skin tags, asymptomatic cysts, brown spots, and sun spots are considered cosmetic and are not billable to your insurance.
- If you must cancel or reschedule an appointment, please do so at least 24 hours before the scheduled appointment time to avoid a \$50 cancellation /no show fee. Mohs/surgery/procedure appointment cancellations, must be done within 2 business days to avoid an up to \$400/hr cancellation/no show fee.
- If you are more than 10 minutes late to your appointment, your appointment will be subject to cancellation and a no show fee.
- Any surgical appointments will require a \$50 refundable deposit at time of scheduling that will be forfeited if you do not show for your appointment.

Insurance Benefits explained

Please understand that we file insurance as a courtesy to our patients. We do not have a contract with your insurance company to pay your medical costs, only you do. Although we are happy to assist you, please know that it is your responsibility to understand your policy. We will assist you in estimating your portion of the cost of treatment, but we at no time guarantee what your insurance will or will not pay with each claim. Please keep in mind the following:

Fact 1 – YOUR BENEFITS ARE DETERMINED BY THE INSURANCE AGREEMENT YOU SIGNED WITH YOUR INSURANCE COMPANY

Insurance policies are agreements that you sign with own insurance company, and it is your responsibility to check your insurance eligibility, deductibles, co-insurance, and copays. While we may be considered “in-network” providers for you, that does not guarantee that your insurance will cover all the costs of your visit.

Fact 2 - NO INSURANCE PAYS 100% OF ALL OFFICE VISITS AND PROCEDURE FEES

There are hundreds of insurance companies, and each company sets its own fee schedule, and these allowable rates vary greatly. Our typical fee that we bill your insurance may be greater than the actual charge allowed by your insurance company because we do not know the actual fee your insurance allows. **The amount that we bill you is determined by your insurance company.**

Fact 3 - DEDUCTIBLES & CO-PAYMENTS MUST BE CONSIDERED

Even though you have insurance, and your insurance states that a service is “covered” that does not mean you will not owe anything. When estimating your benefits, you must consider deductibles and coinsurances. Assuming that the insurance company allows \$150 for an office visit, and you have a deductible of \$500, you will be responsible for the \$150 until you have met your deductible of \$500.