Atlantic Boulevard Dermatology
Financial Policy

Because of the confusing changes in healthcare and the insurance coverage of many health plans, we feel it is important that you fully understand our financial policy prior to your appointment in order to avoid misunderstanding.

All new patients are asked to fill out a new patient information form and provide us with the necessary insurance and identification cards (driver's license), required to allow our billing service to process insurance claims. Some HMO patients may also need to come with the appropriate referral from their primary care physicians.

We do not accept Medicaid as either a primary or secondary insurance. Medicare patients are responsible for their copays and deductibles at the time of service unless they have a secondary insurance other than Medicaid which will cover the office visit.

We verify insurance on all new patients. For procedures that may be covered by your insurance, we will assist you by filing your insurance claim. Payment by your insurance company is your responsibility. We will allow 45 days for your insurance company to pay your claim. If you are unable to provide us with the necessary insurance or referral information, you will be expected to pay for the office visit and we will provide you a copy of the bill that you may submit to your insurance company to attempt to obtain reimbursement from them. Follow-up patients are required to provide us with any change of insurance information prior to their visit.

All payments including copays or unpaid deductibles are expected at the time of service. For your convenience we accept check, cash, or Visa/MasterCard. For those who are uninsured (or for whom we are unable to verify insurance), our new patient office visits range between $85-$105 and follow-up visits $50-60 (if no procedures or biopsies are performed). **If your insurance deductible is not met, we charge a minimum fee as a deposit, and then may bill you the balance owed based on your insurance fee schedule allowables.**

There is a $35 charge for all returned checks. We will not redeposit returned checks.
If the account should be sent to collection, the patient will be responsible for any collection fees or attorney fees.

PLEASE READ, SIGN, AND DATE:

1) I authorize Atlantic Boulevard Dermatology to release information to my insurance company to bill my insurance company direct for services rendered.

2) I authorize my insurance benefits to be paid directly to Atlantic Boulevard Dermatology and I assume responsibility for deductibles, and non-covered services.

3) In the event that I receive payment from my insurance company for services billed, I agree to pay the full amount of payment to Atlantic Boulevard Dermatology.

4) I understand that my copay is due at the time of service.

_____ _____ Date:_____
(Patient name - please print) (Signature-responsible party)