

# DERMATOLOGY Center of Atlanta



## **PAYMENT POLICY**

We are committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Please let us know if you have any questions or concerns. For your convenience, we accept Visa, MasterCard, Discover, American Express, personal checks, and cash.

**Cost estimates:** Although our fees are customary for our area, our assistants may only be able to give you a range of fees over the phone. A consultation & diagnosis by the provider may be necessary to determine which procedure is best for you and how much it will cost.

**Insurance:** Please refer to the list of insurance companies that we participate with. You can also call our billing department for verification. If you are out of network, you will be responsible for payment in full at the time of service. You will provide your insurance card at the time of visit or you will be responsible for full payment. Please be aware we do not bill skin screening or skin cancer screening codes as these are performed by your primary care physician and not a specialist. We will always bill screenings with diagnostic codes. Please contact your insurance company if you have any questions regarding your coverage prior to your visit.

**Co-payments, deductible, and co-insurance amounts:** All co-payments and deductibles must be paid at the time of service. Some plans require only your co-payment amount for office visits, but have a deductible or co-insurance percentage that applies to any procedures performed in the office (e.g., biopsies, freezing of warts or pre-cancerous lesions, acne surgery, removal of lesions, and other office procedures). Only your insurance plan can verify that information for you.

**Patient Balances:** You will be responsible for balances applied to your account that are not covered by your health insurance plan. Outstanding patient balances not paid within 60 days of first billing will be sent to collections. If your account is turned over to our collection agency your account will be assessed 25% of the balance due.

**Non-covered or cosmetic services:** Some services that we provide (i.e., cyst injections, alopecia therapy, keloid scar treatments) may be considered not medically necessary by your insurance carrier. You will be responsible for payment in full if your plan considers your visit as a non-covered service. The following cosmetic procedures are not covered by insurance and must be

paid at the time of service such as: Botox or other neurotoxins, dermal fillers, (e.g., Restylane, Juvederm, Sculptra), sclerotherapy, cosmetic consultations, laser hair removal, vascular laser therapy, and chemical peels.

**Patient Registration:** You must complete all patient information forms prior to seeing the provider. You will be asked to provide your driver's license or picture ID and your current, valid insurance card. If you fail to provide DCA with the correct insurance information or any insurance changes when they occur, understand that you will be responsible for charges denied by the insurance plan.

**Medicare:** DCA participates with Medicare and Medigap/secondary plans. We do NOT take all Medicare Advantage plans. Please check with our billing department to ensure we participate with your Medicare Advantage plan. You will be responsible for any annual deductible determined by your plan or for any non-covered or cosmetic charges. If payment is not received from your secondary plan within 45 days after your claim is filed, you will be responsible for the balance.

**Proof of Insurance:** All patients must complete our patient registration form before seeing a provider. We will also obtain a photo I.D. and current valid insurance card. If you fail to provide us with the correct insurance information or any insurance changes when they occur, you will be responsible for the charges denied by the insurance plan.

**Returned Check Fee:** There is a \$30.00 fee in addition to the original amount for checks returned by the bank for non-sufficient funds. Payment of the returned check amount and fee is required within 14 days of notification to avoid further collection actions.

**Missed appointments:** Your appointment time has been reserved especially for you. 24-hour advanced notice is required for non-emergency appt. cancellations. If you miss your appointment without notifying DCA, you will be charged \$25.00. Cosmetic appointments or extended time appointments that are not canceled 24-hours in advance will impose a \$75.00 fee. Please refer to Appointment Policy.