Albemarle Dermatology Associates, LLC
Financial Policy & Authorizations

Thank you for allowing Albemarle Dermatology Associates to be your healthcare provider. Albemarle Dermatology Associates is committed to the success of your medical treatment and care. Our practice will work with you to help fulfill your payment responsibility. We will file your primary and secondary medical claims for you. It is imperative that you provide us with current and accurate insurance information at the time of your appointment. We will scan a copy of your insurance cards at the time of your visit. If you fail to provide insurance information, you will be considered self-pay and will be required to make a full payment at the time of service. It is important for you to understand that you have the contract with your insurance carrier and you will need to help us work with your insurance carrier to expedite the reimbursement process. As the patient, you are responsible for any unpaid balance not contractually covered by your insurance. You have the final responsibility for payment for services provided. Your participation in the process is both essential and encouraged.

Privacy Policy: As required by law, Albemarle Dermatology Associates maintains a privacy policy dedicated to the protection of our patients' medical information. If you would like a copy of this policy, one will be provided to you.

Medicare: Albemarle Dermatology Associates is a participating Medicare provider, accepting assignment for Medicare Part B (Physician Services) claims. The patient is responsible for their Medicare co-insurance, deductibles, and any services rendered that are not covered by Medicare.

Medicaid: Albemarle Dermatology Associates is a participating Medicaid provider. Medicaid patients must submit a valid identification card at every visit. The patient is responsible for any spend-down amount for services provided on dates that are not eligible for coverage. The patient is responsible for any services rendered that are not covered by Medicaid.

Co-Payments: A co-pay is a contractual obligation between the patient and their insurance carrier. If unable to pay the co-pay for any reason at the time of service, the patient will be billed an additional ten-dollar ($10.00) processing fee.

Managed Care Plans: In order to see a specialist, some insurance plans require a referral from the Primary Care Physician (PCP) or pre-certification before treatment can be rendered. It is the patient's responsibility to ensure we have this referral or pre-certification prior to the visit. If we do not receive the necessary referral or pre-certification, the patient will be responsible for payment or will need to reschedule their appointment. All co-pays are due at the time of service.

Commercial Plans: Albemarle Dermatology Associates has established fees that are usual and customary for this healthcare service area. Every insurance carrier has their own usual and customary fee schedule; however, the patient is responsible for payment regardless of the insurance carrier's arbitrary determination of rates. All co-pays are due at the time of service.

Non-Covered Services: Some services we provide may be deemed not medically necessary by the patient's insurance carrier or not a covered benefit by their specific policy, therefore, no paid by the patient's insurance. Many cosmetic procedures we provide are not covered by insurance. The patient is responsible for payment at the time of service for all services not covered by insurance.

Laboratory Services: Some services, such as biopsies or surgery, require specimens be sent to a laboratory for processing. The patient may receive a separate bill from these laboratories. The patient is responsible for payment for all laboratory services not covered by insurance.

Self-Pay: Patients who do not have insurance coverage and are not part of a program to assist with their healthcare costs are considered to be self-pay. Self-pay patients will be required to make payment arrangements prior to services being rendered, and will be required to pay in full on the date of the visit.

Returned Check Policy: Albemarle Dermatology Associates will charge a thirty-dollar ($30.00) fee for each check returned by our bank for non-sufficient funds.

Missed Appointment Fees: Albemarle Dermatology Associates may charge a fee for missed appointments when the patient fails to give appropriate notification. A cancellation notice must be received twenty-four (24) hours in advance of a scheduled office visit appointment. A fifty-dollar ($50.00) charge may be applied for failure to meet this requirement. A cancellation notice must be received forty-eight (48) hours in advance of a scheduled surgery or Blu-Light (PDT) appointment. A seventy-five-dollar ($75.00) charge may be applied for failure to meet this requirement.

Interest Fees: Albemarle Dermatology Associates reserves the right to charge a monthly interest fee as defined by state law for delinquent accounts considered to be past due.

Collection Agencies: Should it become necessary for Albemarle Dermatology Associates to send a patient's account to a collection agency, the patient will be responsible for any and all fees associated with the collection effort of the account, to include reasonable attorney fees, court costs, collection charges, and interest.

Business Office Contact: Albemarle Dermatology Associates' business office can be reached at (434) 923-4651. The fax number is (434) 964-3636. Please do not hesitate to contact the business office whenever you have a question.

PATIENT ACKNOWLEDGEMENT and AUTHORIZATIONS:

Authorization for Treatment: With your signature below, Albemarle Dermatology Associates is hereby authorized to conduct examination, perform procedures as are medically required, and administer treatment and medications as deemed necessary or advisable.

Authorization for Release of Information: With your signature below, Albemarle Dermatology Associates is hereby authorized to release a complete report of services rendered, diagnosis, findings, and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include authorized billing agents, insurance carriers, employers' workers compensation insurance company, other third-party payers, the Social Security Administration under the Title XVIII (18) of the Social Security Act, Professional Review Organizations, or other intermediaries responsible for payment for services rendered. The release of information consent may be revoked at any time by giving written notice. If release of information is refused, the patient will be held responsible for payment on the date of service for all charges for services rendered.

Authorization for Assignment of Benefits: In consideration of medical services provided, with your signature below, Albemarle Dermatology Associates is given all rights, title, and interest to the medical reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefit including Medicare Part B. The patient will be fully responsible for payment of any and all charges not covered by insurance.

I have read this Financial Policy and Authorizations. I understand that there is no guarantee or assurance as to the results that may be obtained from any treatment. I understand the terms and conditions outlined herein as confirmed by my signature below.

_____ _____

Patient Signature or Responsible Party Signature Date Signed

_____

Printed Patient Name

For Internal Office Use Only: Account #: _____ DOB: _____