



OUR PRACTICE INFORMATION AND FINANCIAL POLICY

Welcome to the Skin & Vein Center. Our entire staff is dedicated to providing our patients with the highest quality of care and service. It is in this spirit that we are providing you with this important information. All patients must complete our patient information forms and provide a valid state issued ID before seeing the provider. If a provider in any of our offices has not seen you within the past 3 years or if you have been seen for cosmetic procedures only, you are considered a new dermatology patient and will be billed accordingly. **Full payment is expected at the time of service unless other prior arrangements have been made. We accept cash, checks, Mastercard/Visa, Discover, American Express and Care Credit.** With so many health insurance companies and contracts available today, it is very difficult for our staff to know exactly what your individual contract covers. Therefore, to avoid any financial "surprises" relating to the **specialized services** you receive at the Skin & Vein Center, please review your insurance policy for specific terms, conditions and coverage limitations.

Insurance:

We will **only** accept assignment of benefits with insurance plans in which we participate. Complete health insurance information is required to process insurance claims on your behalf. All patients are required to provide all current policy information. Insurance carriers have a filing time limit. If we do not have your correct insurance information before the filing time limit you will be responsible for all charges. Any remaining balances (such as co-pays, deductibles and non-covered services) are your responsibility. **Please note that all procedures done in a Dermatology office are considered surgery. Your policy may have a separate deductible for surgery. It is ultimately your responsibility to know what is covered through your policy.** If we do not participate in your plan, you will be responsible for any NON-COVERED services under your policy and/or charges that may exceed your policies customary fee schedule. As a patient you have the right to refuse treatment.

Participating Physician: Do our physicians participate with your plan? You need to verify that the individual physician you are seeing is in your plan. Do not assume that all physicians in the same practice participate with your health plan. If you go to a physician outside of your plan's network, you may incur higher deductibles and/or co-pays. Please refer to your health plan's "provider directory," check their website or call them directly.

HMO'S: All HMO policies require authorization (written or verbal) from your primary care physician. Please call 1-2 days prior to your appointment to make sure we have received your referral and/or authorization. Please check your HMO guidelines regarding follow-up appointments. **Referrals and authorizations are your responsibility.** If you choose to be seen without a proper authorization/referral, payment will be your responsibility. Non-participating insurances that do not remit payment in a timely manner will be transferred to you to seek payment from your plan.

Minor Patients:

The parent/guardian accompanying the minor is responsible for payment. After their first visit with a parent /guardian, an unaccompanied minor must have a written consent authorizing other treatments. A parent/guardian must accompany minors for all biopsy/ surgical procedures.

Signature required on other side

Return Policy: Unopened products may be returned within 30 days of purchase. No returns are accepted on makeup.

Return Checks & Collections Services

Returned checks will be assessed a fee of \$25.00. Balances over 60 days without pre-approved payment arrangements will be turned over to a third party collection agency. When turned over to an outside agency for collection, collection costs of 50 % (Fifty Percent) will be applied to your account.

Cosmetic Packages:

Cosmetic packages will be honored for 1 year and/or if broken by the patient for any reason will be charged at a single procedure price plus any products that were included. No show fees for cosmetics packages range from \$50-\$100 (depending on procedure).

Cosmetic Consultations / Visits: Cosmetic consults by themselves are always free of charge. But, at the time of your cosmetic consult / visit, if you are seen for a dermatology problem—your insurance will be billed for those services. Please check your insurance plan to see if these additional services are covered.

Acne Treatment: Many insurance companies will not cover the treatment of acne. *We commonly treat acne with procedure code 10040 (acne surgery). The diagnosis code for acne is 706.1. Please check your insurance policy. Common Insurances that do not cover acne are: Priority Health Plan, Midwest Security, Humana and Humana through Cofinity, and Assurant Health. If you have these plans, any treatments are considered not covered.* Office visits may or may not be covered. You would need to check with your insurance carrier.

Varicose Veins: Some insurance companies do not cover the treatment of veins (Sclerotherapy) because they view them as a cosmetic procedure. Other plans may cover these treatments but require a “pre authorization” prior to treatment. In order to receive a “pre authorization” from your health plan, we are required to send them medical information after your vein consultation. Without this approval your vein treatments will not be covered. Also, a Venous Doppler (Ultrasound) and test dose may be required before treatment begins, which is a test many plans do not cover.

By my signature below, I acknowledge my understanding of all points in your financial policy. I authorize the release of medical information for the purpose of processing insurance claims on my behalf. I authorize payment of medical benefits directly to the provider for services provided to me. A copy of this authorization shall be considered as valid as an original signature.

Signature of Patient/Guardian Relationship to Patient Date

Print Name of Patient/Guardian

PRIVACY NOTICE ACKNOWLEDGMENT

I have been offered or received a copy of the Skin & Vein Michigan=s Notice of Privacy Practices.

Signature of Patient/Guardian