

Northstar Dermatology, PA

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Office Policies & Patient Responsibilities

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Thank you for choosing Northstar Dermatology for your skin care needs. It is our goal to provide you with a positive experience. Over the past few years, the practice of medicine has become more complicated for physicians and patients alike.

Because of the growing complexity of the insurance business, we feel that we can no longer assume that patients fully understand the relationship between the insurance company, the physician, and themselves. In an effort to clarify this relationship, we have established a set of guidelines regarding financial responsibility and office policies.

We will file your insurance for you if we are in your network.

- It is your responsibility to verify if a provider/physician is in your insurance network prior to your visit. If we have a contract with your plan, we will file a claim with your insurance company. If your insurance plan is not in network or not contracted with our practice, the total cost of your visit will be your responsibility.
- With some plans, you may be required to see a Primary Care Physician (PCP) in order to see a dermatologist or other specialist. If your plan requires authorization by a PCP, you must obtain a referral prior to your visit. If a referral is not obtained by the time of your visit, you may be responsible for the total cost of the visit.
- It is your responsibility to understand your insurance plan coverage. If you do not understand your policy, you may wish to contact the number on the back of your card to review and verify your benefits. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services or diagnosis codes which they will not cover. Our office never guarantees that your insurance will pay. We will make every attempt to file your claim as straightforward and simple as possible. However, if for any reason your claim is denied, you are responsible for the amount due on your account.

A valid Picture ID and your Insurance Card are required at the time of your office visit

- If we do not receive your insurance card before you see the doctor, that visit becomes fee for service and full payment will be due at the time of service.
- It is your responsibility to notify the staff of any changes in your address, phone number and/or insurance plan, and provide a current up-to-date insurance card at each visit. Failure to do so may cause your insurance claim to be rejected, thus making it your responsibility to pay for the total cost of the visit.

Copayments, Deductibles and Co-Insurance

- A copayment is a set dollar amount you owe for each office visit. All claims are subject to a deductible if a procedure is performed (i.e. biopsy, cryosurgery, excisions, etc.). A deductible is the amount you are obligated to pay before your insurance company starts paying for your healthcare costs. Some insurance plans may also have a coinsurance, in which you may be responsible for a percentage of healthcare costs in addition to your copay or deductible. It is your responsibility to understand your plan and any associated deductible or coinsurance. Payment will be due at time of service if your deductible has not been met or if your plan requires a coinsurance payment. You may be billed for this amount should your insurance company notify us that additional payment is due from you.

We are not providers for Medicaid

- We are not providers for Medicaid and will only accept Medicaid patients as self-pay. We will not file any claims to Medicaid as primary or secondary insurance.

Not Medically Necessary or Cosmetic Procedures

- Your insurance company may deem certain procedures as not medically necessary, or cosmetic. If you and your doctor decide to continue with a procedure that falls into this category, we require payment in full at the time of service. The following are some examples:
 - Removal of benign lesions (i.e. skin tags, angiomas, sun spots or liver spots, cysts, milia, sebaceous hyperplasia, or seborrheic keratoses, etc...)
 - Botox, Fillers, Chemical Peels, Scar Revisions, Cosmetic Consults or Procedures
 - The cost of any procedure will be a separate fee from an office visit or consultation fee.

Laboratory and Pathology Fees

- Many times it may be necessary to obtain a tissue sample (biopsy) or perform lab tests to confirm a diagnosis or determine a course of treatment. If a biopsy or other lab work is done, there is a separate fee for processing and interpretation of the biopsy and/or lab work. **This means that you will receive a separate bill from another doctor or laboratory for these tests.** We will attempt to use a lab which files directly with your insurance carrier. Although the lab will file with your insurance, you are responsible for any bill you may receive from the laboratory or pathology services used. If you receive a bill from the lab, please contact the lab directly to resolve any billing concerns.

Medical Record Copies

- There is a \$20 flat fee for medical record copies up to 100 pages. There is an additional \$20 fee for each additional 100-page increment (any number of pages up to 100).

Missed Appointments, Late Cancellations, & Non-Compliance

- Please keep in mind that appointments are time-slots reserved specifically for you. We require a 24-hour advance notice if you are unable to keep your scheduled appointment. As a courtesy, we offer appointment reminder calls which will allow you to cancel or reschedule at that time. However, it is ultimately your responsibility to keep track of your appointments whether you receive a reminder call or not.
- If you miss an appointment without a 24-hour notice or cancel/reschedule on the same day of your appointment, a fee up to \$50 may be incurred to your account. This fee is not billable to your insurance.
- If you are more than 15 minutes late, your appointment may be cancelled and you will need to reschedule. We encourage new patients to show up 15 minutes early to complete their registration.
- Patients with repeat cancellations or missed appointments may be discharged from our practice.
- Please note that noncompliance with treatment plans (including medications and/or lab work) and abusive/inappropriate behavior towards staff and/or other patients will result in dismissal of your care from our practice.

Forms of Payment

- For your convenience, we accept cash, personal checks, MasterCard, Discover, and Visa.
- There is a \$40 fee for all returned checks.

Collection Efforts

- We will send you three statements regarding your balance. The second statement is considered past due. If you should receive a third statement noted "Final", the account balance will be turned over to a collection agency. The collection agency will add up to 35% to any balance turned over to them.

I have read and understand the above, and agree to comply with the financial policies of Northstar Dermatology. My signature authorizes this office to file my claims and assigns to this office all rights to my medical reimbursement benefits under my insurance policy. I understand that my signature also allows this office to release information regarding my visits to my insurance carrier. I understand that I am responsible for my bills in the event the insurance company denies any claims.

Signature of Patient/Legal Representative: _____ **Date:** _____

Name of Patient/Legal Representative: _____

(If Guardian or Legal Representative, please include relationship to patient)