MOUNTAINTOP DERMATOLOGY

Financial Policy Statement

We are committed to providing the highest level of medical care to our patients. To ensure that our patients fully understand our insurance and billing process, we ask that you read and sign this financial policy statement.

INSURANCE PARTICIPATION:
As a service to our patients, we will file claims to the companies we are contracted with for the services provided. It is the patient's responsibility to ensure that the physician he/she is seeing is listed with their insurance company as a participating provider. Any patient treated by a non-participating physician will be responsible for any deductibles, co-insurance, uncovered services, etc., imposed by their insurance company.

*The following is a list of some of the major insurance companies which we currently participate with: Medicare, Medicaid, Cigna, Aetna, Coventry/First Health, Anthem BCBS, HMO Colorado, Tricare, Medical Network, Humana, Rocky Mountain Health Partners, United Health Partners.
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PATIENT RESPONSIBILITY:
It is the responsibility of the patient to

- Verify with your insurance carrier that the services performed or proposed by our office are covered under your individual plan. We suggest you contact the customer service telephone number listed on your insurance card prior to being seen in our office.
- It is your responsibility to know what your policy covers and what it does not. We cannot quote your benefits. Any disputes about payment must be resolved between you and your insurance company.
- Obtain any authorizations or referrals required by your insurance carrier.
- Pay our office for any co-payment and any unpaid portion of the deductible at the time of service. Any additional co-payments, deductibles and/or co-insurance will be billed to the patient as indicated by your insurance carrier on their Explanation of Benefits (EOB).
- All patients without insurance must pay in full at the time services are rendered. *Please ask about our discounted rate for self-pay patients.

DENIED CLAIMS:
Our billing agent will not become involved in disputes between you and your insurance company regarding uncovered charges, coordination of benefit issues, eligibility issues, pre-existing conditions or any other matter, which causes the claim to be denied. Should your claim be denied for any of these reasons or any other reasons not listed here, the claim will become the responsibility of the patient and full payment will be expected immediately.

LABORATORY CHARGES:
Please note that the services provided to you may require outside lab work. We will forward your laboratory tests to a participating lab company whenever possible. You must contact the lab company directly should you receive any bills from them.

PAYMENT OPTIONS:
For your convenience we offer a variety of payment options. We accept Visa, Master Card, and Discover Card, Personal Checks, Cashier/Bank Checks and Cash. All returned checks will be assessed a $30.00 returned check fee in addition to the original charge.

CANCELLATIONS:
Any cancellations require 24 hours advanced notice. We reserve the right to assess a $50.00 charge for any cancellation made less than 24 hours in advance. This charge is not reimbursable by insurance.

RELEASE OF ASSIGNMENT:
I hereby give authorization for payment of all insurance benefits to be made directly to Mountaintop Dermatology for services rendered. I understand that I am financialy responsible for all charges whether or not they are covered by insurance. In the event of default (unpaid balance 30 days from date of treatment) I understand my account may be forwarded to an outside collection agency and I agree to pay all costs of collection including but not limited to interest, rebilling fees, court costs, attorney fees and collection agency costs. I hereby authorize this healthcare provider to release all information necessary to secure payment of benefits. I further agree that a photocopy of this Agreement is as valid as the original.

I have read and understand Mountaintop Dermatology's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by Mountaintop Dermatology at any time.

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Patient / Legal Guardian Signature Date