

THE DERMATOLOGY GROUP LLC.

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Our Practice Financial Policy

Thank you for choosing The Dermatology Group, LLC as your dermatology care provider. Our mission is to provide the highest quality of care to our patients. We regard the understanding of our financial policy as an essential element of the patient's care and treatment. Should there be any questions about our policies or the patient's responsibilities, please ask one of our staff members.

All patients are expected to complete a patient information form on an annual basis. If there has been any change in information (i.e. new address, change of insurance coverage) we ask that our staff be informed so that a new patient information sheet can be completed. Our office requires all patients to present a valid photo ID as well as a current insurance card at each visit.

Insurance

The providers of The Dermatology Group, LLC participate in most major health plans. The patient is responsible for knowing if our office is participating with their plan. Our office will submit a claim for any medically necessary services rendered to a patient that is a member of one of these plans. It is the patient's responsibility to provide all necessary and current information prior to leaving the office.

Unless other payment arrangements have been made in advance, payment for services are due at the time services are rendered. This includes all co-payments, co-insurance amounts, insurance deductibles and any fees for services not covered by the patient's insurance policy.

If an insurance company requires the patient to have a referral in order to receive treatment from a specialist, it is the patient's responsibility to obtain this referral prior to being treated in our office. Failure to obtain a referral will result in all services that are rendered becoming the responsibility of the patient and must be paid at the time of service.

Self-Pay

Patients without insurance coverage, patients having insurance which the office does not participate in and patients who do not present valid insurance information at the time of treatment will be considered self-pay patients. Payment is due in full at the time services are rendered.

Minor Patients

For all services rendered to minor patients, we will hold the parent or legal guardian accompanying the minor responsible for payment. Parents or legal guardians are responsible for providing identification as well as insurance information.

Unaccompanied minors must provide a release for treatment authorized by a parent or legal guardian.

Pathology Laboratory Fees

Our office sends anything that is excised, biopsied or removed to the pathology lab for analysis. The cost for this service is billed to the insurance company and any balance will be sent to the patient for payment. Patients without insurance or with an insurance that the office and laboratory is not contracted with will be billed directly for the services.

Payment for Services

Payment is due at the time services are rendered. As a convenience, our office accepts cash, check, money orders, Visa, Mastercard and Discover.

There is a \$30.00 fee for any check that is returned for insufficient funds. Payment for any returned check as well as any balance owed must be made with cash, money order or credit card before any other services will be provided.

Delinquent Balances

Our office will notify patients of any balances owed by sending two patient statements and one final letter. If payment has not been received and no payment arrangements have been made with our business office, the account will be reported to the credit agency Equifax. Any account that has been reported to the credit agency must provide payment in full before any additional services will be provided.

I have read and understand the financial policy of The Dermatology Group, LLC and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient/Responsible Party

Date

Patient Name (Please Print)