

FINANCIAL POLICY

Associates in Dermatology, Inc.

Thank you for choosing Associates in Dermatology, Inc. as your health care provider. We are committed to the success of your medical treatment and care. Please understand that payment of your bill is part of this treatment and care.

You should complete our Patient Registration package before being seen by one of our physicians. We also ask that you present your insurance card(s) at each visit and notify us as soon as possible of any changes in insurance coverage, address and/or telephone numbers so that we may keep your patient information as current as possible. If you hold a power of attorney for a patient, please provide us with a copy of the power of attorney, complete the patient's necessary paper work, and execute any necessary practice documents in your capacity as the patient's power of attorney.

Co-Payments and Deductibles. Please pay your applicable co-payments and deductibles when you check in for each office visit. We currently accept payment by cash, check, Visa and MasterCard. You will be charged a \$25.00 fee for returned checks.

Self-pay. Payment in full is expected at the time of service.

You will be responsible for obtaining appropriate insurance referral authorizations. You should also make sure that all medical records related to your neurological problems are forwarded to our office prior to your appointment.

We participate with many PPOs, POS plans, HMOs and other health insurance plans including Medicare. Each plan contains unique rules which must be followed by patients. Please familiarize yourself with the particular benefits and rules of your health care plan since the contract is between you (the patient) and your health insurance carrier. Certain health insurance plans require that you obtain a referral authorization from your Primary Care Physician ("PCP") before visiting a specialist's office like ours. You are responsible for obtaining this referral authorization and keeping track of the number of visits allowed as well as the start/end dates of your referral authorization. Alternate payment arrangements or rescheduling of your appointment may become necessary if you fail to obtain the proper referral authorization. If you have any billing questions, please call (757) 838-8030, which is the direct line to our billing department.

FORMS AND FEES

The fees for completing employment, disability, life insurance, DMV, scooter forms, etc., are as follows: \$10.00 for a one (1) page form, \$15.00 for up to three (3) pages, \$25.00 for four (4) or more pages.

FINANCIAL POLICY

You will almost always be responsible for fees for completing forms. You should pay these fees before you will be able to receive your completed form. Your portion of the form *must* be completed and signed prior to submitting the form to us.

APPOINTMENT NO SHOW/CANCELLATION POLICY

Our goal is to manage your time with our physicians in an efficient and effective manner. Therefore, you may be responsible for a \$25.00 fee for failing to keep a scheduled appointment or for failing to provide our office with at least 24 hours' notice of a cancellation. In such event, you may be directly billed a no-show/late cancellation fee of \$25.00. Your insurance companies will not be billed. Patients who miss more than three appointments may be dismissed by the practice.

Our current office policy is to make at least one attempt to contact patients one or two days in advance of their appointments as a courtesy reminder. However, patients are ultimately responsible for keeping their appointments.

PRESCRIPTION MEDICATION POLICY

Prescription refills generally require at least 48 hours' advance notice, whether they are written or called into a pharmacy. Medication refills will typically only be provided during normal office hours, as our physicians usually need access to patient medical records to prescribe refills. When calling the office, please be prepared to provide the office staff the name, quantity and dosage (number of milligrams) of the medication, the current directions provided by your physician, and the name and telephone number of your pharmacy. Unless you are experiencing an emergency, please do not call over the weekends for prescription refills as the physicians cannot easily access patients' medical records. Please request refills ***before*** you run out of medication.

A limited number of pharmaceutical companies may provide sample medications for trial use by patients. These samples are only intended to be used and/or distributed on a short-term basis and in limited quantities.