

NorCal Dermatology

Medical | Surgical | Cosmetic

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FINANCIAL AGREEMENT

Thank you for choosing Norcal Dermatology as your specialty provider. We are committed to providing you with quality and affordable health care. We ask all patients to review and sign this policy, asking questions as necessary. A copy will be provided to each patient upon request.

1. Insurance: We accept assignment and participate in most insurance plans. If your insurance is not a plan we participate in, payment in full is expected at each visit. As a courtesy, Norcal Dermatology will verify your insurance benefits for you. NOTE: Knowing your insurance benefits is your responsibility. Please contact your insurer with any questions you may have regarding your coverage to receive the maximum benefit.

2. Patient payment: All copayments are to be paid at the time of service. This arrangement is part of your contract with your insurance company. An amount of 25% of your remaining deductible, up to a maximum of \$150 will be due at the time of service, if a copay payment does not apply.

3. Registration: All patients must complete our patient information form, which will be entered into our computer to maintain accurate information for proper billing. We must obtain a copy of your driver's license and current valid insurance card(s) to provide proof of insurance. If you fail to provide us with the correct insurance information, or your insurance changes and you fail to notify us in a timely manner, you may be responsible for the balance of a claim. Most insurance companies have time filing restrictions; if a claim is not received within a specified number of days of the date of service, based on your insurance, it can be rendered ineligible for payment and you will be responsible for the balance that remains.

5. Claims: We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may not accept information from our office and may need information from you. It is your responsibility to comply with their request in a timely manner. Please be aware that the balance of your claim is your responsibility whether your insurance company pays or not. Your insurance benefit is a contract between you and the insurance company; we are not party to that contract. As a courtesy, Norcal Dermatology will bill your secondary insurance one time for payment. Should we not receive payment or positive process of your claim by your secondary insurance, we will bill you for the balance, and you will be responsible for your secondary payment of your claim.

6. Uninsured patients: We offer a 15-percent discount to our patients who do not have insurance. Please be advised that the discount is only good when the charges are paid at the time of service. If the charges are not paid at the time of service; we will be happy to reschedule your appointment for a later date when you are able to accept our discount and pay in full at the time of service.

7. Credit and collection: If your account is more than 90 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if a balance has remained unpaid, it may be sent to a collection agency. If an account is sent to collection, it is the policy of this office to discharge the patient.

9. Missed appointments: Our policy is to charge \$50 for missed appointments not canceled within 24 hours. These charges will be your responsibility and billed directly to you. Please help us serve you better by keeping your regularly scheduled appointment.

Thank you for understanding our financial policy. Please let us know if you have any questions or concerns.

I have read and understand the Norcal Dermatology financial policy and agree to abide by its guidelines.

x _____

Date _____

SIGNATURE OF PATIENT OR RESPONSIBLE PARTY

CD: updated (12/15MR)