



Cornerstone Dermatology & Surgery Group Financial Policy

Thank you for allowing Cornerstone Dermatology & Surgery Group to be your healthcare provider. We are committed to the success of your medical treatment and care. Our practice will work with you to help fulfill your payment responsibility. We will file your primary and secondary medical claims for you. It is imperative that you provide us with current and accurate insurance information at the time of your appointment. We will scan a copy of your insurance cards at the time of your visit. If you fail to provide insurance information, you will be considered Self-Pay and will be required to make payment arrangements at the time of service. It is important for you to understand that you have the contract with your insurance carrier, and you will need to help us work with your insurance carrier to expedite the reimbursement process. As the patient, you are responsible for any unpaid balance not contractually covered by your insurance. You have final responsibility for payment for services provided. Your participation in the process is both essential and encouraged.

Privacy Policy: As required by law, Cornerstone Dermatology maintains a privacy policy dedicated to the protection of our patient's medical information.

Medicare: Cornerstone Dermatology is a participating Medicare provider, accepting assignment for Medicare Part B (Physician Services) claims. The patient is responsible for their Medicare co-insurance, deductibles and any services rendered that are not covered by Medicare.

Medicaid: Cornerstone Dermatology is not a Medicaid participant at this time.

Managed Care Plans: In order to see a specialist, some insurance plans require a referral from the Primary Care Physician (PCP) or pre-certification before treatment can be rendered. It is the patient's responsibility to ensure we have this referral or pre-certification prior to the visit. If we do not receive the necessary referral or pre-certification, the patient will be responsible for payment or will need to reschedule their appointment. All co-pays and deductible payments are due at the time of service.

Commercial Plans: Cornerstone Dermatology has established fees that are usual and customary for this healthcare service area. If we are contracted with your insurance carrier, their fee schedule will determine the amounts due for services provided. All co-pays and deductible payments are due at the time of service.



Non-Covered Services: Some services we provide may be deemed not medically necessary by your insurance carrier or not a covered benefit by your specific policy, therefore, not paid by your insurance. Many cosmetic procedures we provide are not covered by insurance. The patient is responsible for payment at the time of service for all services not covered by insurance.

Laboratory Services: Some services, such as biopsies or surgery, require specimens be sent to a laboratory for processing. The patient may receive a separate bill from the laboratory used. The patient is responsible for payment for all laboratory services not covered by insurance.

Self-Pay: Patients who do not have insurance coverage are considered to be self-pay. Self-pay patients will be required to make payment arrangements prior to services being rendered.

Payment Arrangements: Cornerstone Dermatology may consider payment arrangements for those patients who need assistance in meeting their account obligation. Cornerstone Dermatology reserves the right to set the terms, conditions and to charge interest for any payment arrangement.

Credit Cards: Cornerstone Dermatology accepts Visa and MasterCard. Debit cards and cash are also accepted. Personal checks are not a preferred form of payment and will only be accepted for payments less than \$25 or for payments made at least one week prior to a service or procedure. If a patient has an approved payment arrangement, monthly credit card debits are offered as an option for payment.

Returned Check Policy: Cornerstone Dermatology will charge a twenty-five dollar (\$25.00) fee for each check returned by our bank for non-sufficient funds.

Account Refunds for Overpayment: Accounts with \$20.00 or less overpayment will remain a credit to the patient's account. Any overpayment of \$20.01 or more will be refunded to the patient via check by Cornerstone Dermatology & Surgery Group if all personal accounts and dependents' accounts are current.

Disability / FMLA / Other Forms: Cornerstone Dermatology will charge a twenty-five dollar (\$25.00) fee for the completion of each form. Multiple forms are \$25.00 for each form. Payment is required prior to the completion of any form.



Missed Appointment Fees: Cornerstone Dermatology may charge a fee for missed office visit appointments when the patient fails to give appropriate notification. A cancellation notice must be received twenty-four (24) hours in advance of the scheduled appointment. A fifty dollar (\$50.00) charge may be applied for failure to meet this requirement. A three hundred dollar (\$300.00) charge may be applied for missed surgery/procedure appointments.

Late Fees: Cornerstone Dermatology may charge a ten dollar (\$10.00) monthly billing fee for delinquent accounts that are forty-five (45) or more days past due.

Interest Fees: Cornerstone Dermatology reserves the right to charge a monthly interest fee as defined by state law for delinquent accounts considered to be past due.

Collection Agencies: Should it become necessary for Cornerstone Dermatology to send a patient's account to a collection agency, the patient will be responsible for any and all fees associated with the collection effort of the account, to include reasonable attorney fees, court costs, collection charges and interest.

Business Office Contact: Cornerstone Dermatology contracts with EZDerm for medical billing services and this number will be provided. Patients should not hesitate to call with any inquiries.

PATIENT ACKNOWLEDGEMENT and AUTHORIZATIONS

Authorization for Treatment: With your signature below, Cornerstone Dermatology is hereby authorized to conduct examination, perform procedures as are medically required and administer treatment and medications as deemed necessary or advisable.

Authorization for Release of Information: With your signature below, Cornerstone Dermatology and its selected lab are hereby authorized to release a complete report of services rendered, diagnosis, findings and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include authorized billings agents, insurance carriers, employer's workers compensation insurance company, other third-party payers, the Social Security Administration under Title XVIII (18) of the Social Security Act, Professional Review Organizations or other intermediaries responsible for payment for services rendered. The release of information consent may be revoked at any time by giving written notice. If release of information is refused, the patient will be held responsible for payment of all charges for services rendered.



CORNERSTONE

DERMATOLOGY + SURGERY GROUP

Authorization for Assignment of Benefits: In consideration of medical services provided, with your signature below, Cornerstone Dermatology is given all rights, title and interest to the medical reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefit including Medicare Part B. The patient will be fully responsible for payment of any and all charges not covered by insurance.

I have read this Financial Policy and Authorizations. I understand that there is no guarantee or assurance as to the results that may be obtained from any treatment. I understand the terms and conditions outlined herein as confirmed by my signature below.

Signature of Patient or Responsible Party

For office use only

Date Signed _____

Patient's Printed Name: _____

Account #: _____ DOB: _____