



MT.PLEASANT DERMATOLOGY, LLC

PATIENT FINANCIAL POLICY

Thank you for choosing Mt. Pleasant Dermatology for your skin care needs.

Mt. Pleasant Dermatology will gladly file your insurance claim for you. We do ask that you provide us with the necessary information to do this. We will need a copy of your insurance card to be sure we have the correct insurance billing information. If a billing problem arises, we may ask you to provide (verify) additional information concerning your coverage. It is the responsibility of the patient to notify Mt. Pleasant Dermatology of any changes in coverage.

For patients who are covered by insurance plans in which our physicians are not contracted providers, you will be required to pay 50% of the charges at the time of service. After we file the claim and receive payment, you will be billed for any unpaid charges, regardless of the benefits and payment policies of the plan.

For self-pay and patients having a service provided that is not covered by insurance, all charges will be collected at the time of service.

Please review the following policies:

- Payments are required at the time of service; including co-pays, coinsurance, deductibles and any other unpaid balances.
- It is the patients' responsibility to ensure that the proper referral is completed before visit/treatment. The visit may be rescheduled if the proper referral is not obtained.
- Be prepared to provide your insurance card at every visit (this helps us ensure we have the most accurate information).
- A parent or legal guardian must accompany minors for their appointments or have a release on file giving the physician permission so see the minor without a parent present. Depending on the visit, you may be asked to reschedule if an adult is not present.

Please review the following financial policies:

- Missed appointments not canceled/rescheduled within 24 hours \$40
- Missed procedures/cosmetic/surgery appointments not canceled or rescheduled within 24 hours \$100

****These charges are not covered by insurance and are the patient's responsibility****

Lab Tests & Biopsies

In order to properly take care of your medical needs many times we are required to send specimens to a dermatopathologist for diagnostic purposes. **It is the responsibility of the patient to notify the office if lab tests need to be sent to a specific lab.** Otherwise, you will be responsible for the charges incurred if the lab work is sent to an "out of network" lab.

Please be aware that you will receive a separate bill from the lab for any lab work that is obtained by our office and sent to them for testing. We will provide them with your insurance information.

Signature of Patient or Responsible Party

Date