

FINANCIAL POLICY

Thank you for choosing My Dermatologist as your skin healthcare provider. Our team of Board-Certified Dermatologists and certified Physician Assistant provide exceptional, trusted skin care services with a compassionate and dependable approach. We ask that you review our Financial Policy. We look forward to caring for you!

Insurance

- My Dermatologist accepts and is contracted with most insurance carriers, PPOs, and HMO's. Charges for the services billed to our contracted insurance carriers will be discounted to their allowed amount.
- Please bring your current medical insurance card to every visit and notify us if there is a change in your insurance coverage. Please bring your State ID to each appointment.
- You are responsible for any copays, deductibles, coinsurance, and any non-covered services at check-in.
 - Co-payments are due, without exception, at the time of check-in. You will not be seen until we receive payment.
 - Any past amount due on your account are due, without exception, at the time of check-in.
 - If you are unsure of your copay, deductible, coinsurance amount, or specific dermatology benefits, please contact your insurance company before your appointment.
- If your insurance requires a referral, you must obtain one prior to your visit.

Uninsured/Self Pay Patients

- Patients who do not have active insurance coverage must pay a down payment of either \$100.00 (for established patients) or \$200.00 (for new patients) at the time of check-in.
- This initial payment is not the full amount due, and the remaining balance will be charged to the patient.
- Payment in full is required within 30 days of receiving the invoice.

Laboratory Services

- If you receive laboratory services, such as blood tests, culture, or other tests, you may receive a bill from Quest Diagnostics, as they perform the analysis of the lab specimen.

Pathology Services

- Twin Cities Dermatopathology is our contracted dermatopathology group.
- All biopsy specimens will be sent to Twin Cities Dermatopathology resulting in pathology charges.
- The dermatopathologist may order additional diagnostic testing to diagnose your condition.
- You may receive a bill from Twin Cities Dermatopathology.

Mohs Surgery

- Our Board-Certified Mohs surgeon will be performing Mohs Micrographic Surgery and other surgical procedures in our clinic for your convenience.

Cosmetic Services

- Cosmetic services are not covered by insurance and must be paid in full at the time of your service.
- Payment for cosmetic services that may be performed at a medical visit is due at the time of this visit.
- All banked cosmetic services are a final sale and will not be refunded.
- All cosmetic product sales are final.

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- If a product is ordered for your cosmetic treatment, prepayment is required, and sales are final.

Appointment Cancellations

- We have reserved your appointment exclusively for you. If you need to cancel or reschedule your appointment, kindly inform us at least 48 hours in advance.
- As a courtesy, we will do our best to send a reminder via text, email, or telephone call for appointments. If you do not receive your reminder call or message, the cancellation policy will still remain in effect.

No Show Policy

- A patient who no-shows appointments or fails to give adequate 48-hour notice may be subject to dismissal from the practice. A non-refundable deposit will be required for each further appointment.
- New patients who fail to attend their initial visit will be unable to reschedule immediately. We will review your chart, and if you would like to reschedule, you must pay a non-refundable deposit of **\$100** for each future appointment.

Billing

- You will receive an itemized statement monthly if there is a remaining patient balance on your account, and payment is due within 30 days of the statement date.
- If you are unable to pay the balance in full, please contact our business office immediately to preserve your credit score.
- Payments can be made online at www.mydermtc.com, check by mail, or by calling our business office at 651-621-8888. We accept cash, check, and credit cards.
- You are ultimately responsible for all fees relating to your care. Any unpaid balances after 60 days will result in a notice letter. This is the final opportunity that you must resolve your account. If no contact is made to our office, your account may be sent to our legal collection agency. If your account is sent to an external collection agency, all contact regarding your account must then be made with the legal collection agency's account representative. Any applicable collection fees ranging from 25-50 percent of the dollar amount submitted to our collection agency will be the responsibility of the patient and are not billable to insurance.
- Any checks returned for insufficient funds will incur a \$25.00 fee that is not billable to insurance.
- Please report all address, insurance and/or telephone number changes promptly by calling our office.
- Responsibility for minor/dependent accounts rests with the legal guardian and we may ask for proof of guardianship. Any court ordered responsibility judgment must be determined between the individuals involved.
- If at any time you have questions regarding your bill, please call our office at 651-621-8888 and we will be happy to assist you.

I hereby acknowledge that I have read and accept the financial policy set forth by My Dermatologist.

Signature: _____

Date: _____

Printed Name: _____

Relationship to Patient: _____