Financial Policy

Thank you for choosing Mountain Pine Dermatology, PLLC. We are committed to providing you with quality dermatological health care. Please understand that payment of your bill is part of your care. To help avoid misunderstandings, we have provided you with details of our financial policy below.

Insurance. We participate in most insurance plans, including traditional Medicare and Medicaid. If you are not insured by a plan we accept, payment in full is expected at each visit. If we do accept your plan, but you do not have a current insurance card, payment in full for each visit is required until we verify coverage. Knowing your insurance benefit plan is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

Co-payments. All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to collect co-payments and deductibles from patients is considered fraud. Please help us in upholding the law by paying your co-payment at each visit.

Payment. We accept payment by cash, check, debit card, VISA, MasterCard, or Discover. All previous balances must be paid at time of service, unless prior arrangements have been made with the office manager. If a check is returned for insufficient funds or payment has been stopped, you will be charged a $30 fee in addition to the amount of the check. If you have a second check returned, you will be asked to pay by cash, money order, cashier's check, or credit card for future visits.

Self-Pay. A minimum $50 payment for existing patients and $100 for new patients is due prior to treatment from all uninsured patients. Any additional balance for the treatment must be paid during the patient check out process.

Co-insurance and deductibles. Your co-insurance and/or deductible balance is due when you receive your explanation of benefits from your insurance company.

Minor Patients. The following parties are responsible for payment of all minor patient balances: the adult accompanying the minor and the parents (or guardians.). We do not recognize domestic judgments including custody agreements. No minor will be treated unless appropriate "Consent to Treat a Minor" paperwork is completed. Please refer to "patient Forms" to identify and complete appropriate forms prior to arrival. A minor patient without appropriate permission forms will not be treated.

Non-covered services. Please be aware that some—and perhaps all—of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of visit.

If the total cost of the visit is not able to be determined, you will be asked to make an estimated payment and will be billed or credited the difference. We will work with you to settle your account. Please ask to speak with our office manager if you need assistance regarding an extended payment schedule.

Proof of insurance. All patients must complete our patient information form periodically prior to seeing the doctor. We must obtain a copy of your driver's license, your current insurance card and your social security number in order to confirm proof of insurance and file your claim. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

Claims submission. We will submit your claims and assist you in any way we reasonably can to help get your claims paid. In order to submit claims we must have the patient's date of birth, social security number and a copy of your photo identification (when applicable). In addition, we must obtain the policyholders date of birth and social security number in order to file claims with your insurance carrier. We will file supplemental insurances when appropriate. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not party to that contract.

Coverage changes. If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in a timely manner, the balance will be your responsibility.

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Nonpayment. If your account becomes delinquent, you agree to pay any charges to collect your unpaid bills, including but not limited to, reasonable court costs, and/or collection agency fees. After you have received three statements, your account is considered past due. At that time, you will receive a letter stating that you now have 10 days to pay your account in full. Payment plans may not exceed a 6-month time period, unless otherwise negotiated. You must contact us for a reasonable payment arrangement or risk collection action. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency or a collection attorney and you and your immediate family members may be discharged from this practice. If this is to occur, you may be notified by mail that you have 30 days to find alternative medical care. During that 30-day period, our physician will only be able to treat you on an emergency basis.

Missed appointments. Our policy is to charge for missed appointments not cancelled within 24 hours prior to your appointment. There will be a **$25 charge** for any missed appointment. These charges will be your responsibility and billed directly to you. After 3 missed appointments, we may no longer be able to continue providing care to you. Please help us to serve you better by keeping your regularly scheduled appointment.

Referrals. If you have insurance that requires a referral, you must have your referral prior to receiving treatment. It is your responsibility to obtain all necessary referrals from your primary care physician. Patients without proper referrals who elect to receive service from the office will be required to make payments in full at the time of service.

Worker's Compensation or Motor Vehicle Accidents. It is your responsibility to file a report with your employer or automobile insurance. If you are injured on the job, please let the receptionist know so we may contact your employer to facilitate filing your claim. If you are injured in a motor vehicle accident, please bring your automobile insurance card. Until your MVA claim is settled, you will be held responsible for your charges. We will be happy to refund any money received from your auto insurance carrier.

Our practice is committed to providing the best treatment to our patients. Our prices are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

Insurance. Here are a few of the insurance companies we contract with. Contact your insurance company to verify we are in network as a contracting provider with your insurance before your appointment is scheduled. **We ask this since credentialing with an insurance company can be in progress with the insurance company and may not be completed at the time of your appointment**.

- Aetna
- Blue Cross (PPO & Traditional)
- First Choice Health
- Humana
- Idaho Medicaid
- Idaho Physician's Network (IPN)
- Medicare - (red, white and blue card)
- Medicare Advantage plans
- Meritain Health
- Multi Plan or PHCS
- Pacific Source
- Regence Blue Shield (PPO & Traditional)
- Select Health
- St. Al's Health Alliance
- St. Luke's Employees' Insurance
- Tricare
- UMR
- United HealthCare

We will bill all insurances. However, if we are not in-network with your insurance at the time of your appointment, the amount you pay for services at Mountain Pine Dermatology, PLLC could be more than if we are in-network.

Methods of Payment.
Cash Check Debit Card Visa MasterCard Discover Card

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PRINT Patient Name **DOB**

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SIGNATURE of Patient or Personal Representative **DATE**