Medicare Financial Policy

Thank you for allowing us to participate in your care. The following is our financial policy.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE. IF YOU ARE UNABLE TO PAY PRIOR ARRANGEMENTS MUST BE MADE BEFORE SEENG THE DOCTOR

For your convenience we accept cash, check, MasterCard and Visa.
There is a $25.00 charge for a returned check.

Regarding Insurances with which we participate:
Blue Ridge Dermatology Associates, P.A. does participate with Medicare and many Medicare replacement plans and will file a claim for you. **You are responsible for any deductible, co-insurance and/or co-pay at the time of service.** If you have secondary coverage with an authorized Medigap carrier, the office will bill your secondary carrier.

Regarding non-covered services:
Services which your insurance company determines are not medically necessary will not be reimbursed by your insurance company. Examples of such services are removal of skin tags, normal moles and benign Keratosis. By law, we are required to have you sign a waiver acknowledging your financial responsibility for treatment of these conditions when these occasions arise. **Payment in full is due at the time of service.**

If at any time you are concerned about the cost of services, you may ask to speak to someone in the business office to discuss your issues.

MISSED APPOINTMENTS OR LATE CANCELLATIONS:
Please call at least 1 business day prior to your scheduled appointment to cancel or reschedule. This helps us accommodate other patients. Please be aware that scheduled appointments cancelled less than 1 business day prior to the designated time, or failure to keep a scheduled appointment, may risk a charge of a $50 missed appointment fee ($100 for surgery or 50% of physician cosmetic procedure fee).

Your signature below indicates that you understand and accept this policy.

Signature of patient (legal guardian or power of attorney) **Date**

Please answer the questions below by circling the appropriate answer:

NO YES Have your recently joined a Medicare HMO?
If yes, identify:_____

NO YES Do you work in a company which has more than 20 employees and have coverage through the insurance at that job?
If yes, Employer's Name:_____

NO YES Does your spouse work in a company which has more than 20 employees and provides insurance coverage for you?
If yes, Spouse's Name:_____
Social Security Number:_____Date of Birth:_____
Employers Name:_____

NO YES Are you covered by an HMO/PPO which makes Medicare secondary?

NO YES Are you receiving Medicaid?

NO YES Are you a resident of a skilled nursing facility or nursing home?