

Central Texas Dermatology
Office Financial Policy

Dear Patient:

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

Medicare:

We are Medicare participating providers. We will bill Medicare. You will be responsible at the time of service for payment of:

- a. Annual deductibles
- b. Copayments
- c. Charges for noncovered or cosmetic services

Medicare HMO or other Medicare Advantage Plan:

If you have joined or changed to a Medicare HMO, please let our staff know so that we can update your records and advise you if we are participating providers.

Commercial Plans:

If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all covered, medically necessary services. You will be responsible at the time of service for payment of:

- a. Annual deductibles
- b. Copayments
- c. Charges for noncovered or cosmetic services
- d. Note: **Blue Cross & Unitedhealthcare Health Select** patients who do not have a valid referral authorization in our office at the time of the appointment will be responsible for full payment. If an authorization is received later, you will receive a refund after your insurance processes your claim.

In the event that you, as the patient, or we, as the physicians, are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance carrier.

Pathology (biopsy) charges:

We will not be able to determine the total cost of your office visit today until we receive your lab report. Your payment today **MAY NOT** cover all charges and you will be responsible for any additional charges from our office **AND/OR** the lab.

Your signature below signifies that you understand our financial policy and your responsibility regarding charges incurred in this office.

Signature

Date

Printed Name