



NAME: _____

TURNER DERMATOLOGY FINANCIAL POLICY AND BILLING PROCESS

Payment Due: I understand that payment is due when service is rendered.

Co-pay, Co-Insurance and Deductibles: It is my responsibility to know what my co-pay, co-insurance and deductibles are and my obligation to pay at the time of service. If I am not able to pay my co-pay at the time of service, my appointment may be rescheduled.

Insurance Coverage: I acknowledge that the insurance cards I have presented are current and accurate.

Self Pay: I acknowledge that the insurance cards I have are current and accurate.

**If my insurance is INACTIVE in Modernizing Medicine, on the day of my appointment my visit will be considered SELF PAY and I will be charged the following rates:

-New patient \$250, Established patient \$175, Biopsy: 1st biopsy \$150, 2nd and subsequent biopsies \$100 each, Cryosurgery up to 14 lesions \$150.

Non-Covered Services: I understand that some services may be considered non-covered by my insurance plan. I understand that it is my responsibility to know what my insurance does or does not cover and I understand that I am financially responsible for paying all non-covered services.

Participating Insurance Plans: If the practice is not a participating provider in my insurance plan, I will be responsible for filing my own claims and I will be responsible for paying in full at the time of service.

Out-of-network: I understand it is the patients responsibility to find out if Turner Dermatology is in-network. I understand that I, as the patient, am responsible for any and all costs that accrue that my insurance will not pay due to being out of network. This includes, but is not limited to, blue lights, biopsies, surgeries, office visits, etc. Bills are generated due to services provided. I understand and will pay my full bills regardless of in network insurance participation.

Returned Checks & Past Due Accounts: Returned checks will be subject to collection charges, penalties, and interest. Future appointments will be refused until old balances have been paid in full. If account is not paid within 90 days of the date of service and no financial arrangements have been made, you will be responsible for all collection agency fees in addition to your outstanding balance. For accounts sent to APEX Collections, patient will be responsible for the added collection fee of 25%.

You agree in order for our collection company to service your account or to collect monies you may owe, Turner Dermatology, PC and/or Apex Collections may contact you by telephone at any telephone number associated with your account including wireless telephone numbers, which could result in charges to you. Apex may also contact you by sending text messages or emails, using any email address



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you provide to use. Methods of contact may include using pre-recorded/artificial voice messages and/or use of automatic dialing devices, as applicable.

Medical Records: Medical Records will be sent out upon request in writing and a fee will be charged based upon the current charge from the Commonwealth of PA.

Products & Medications/Online Orders: All sales on products and prescriptions are final. No returns or refunds are allowed.

Cosmetic consultation with medical providers: cost of cosmetic consultation with a medical provider is \$175 due at time of booking. This fee cannot be refunded or transferred to other services. If patient cancels within 48 business hours OR no-shows for appointment, patient understands they forfeit deposit and will need to pay another \$175 to book another appointment time.

Referrals: Some insurance plans require you receive a referral for services by a specialist, please review your policy to see if there is such a requirement and obtain this authorization prior to your visit with our clinic. If the proper referral is not obtained, your appointment could be rescheduled.

No Show Appointments: Patients will be charged a \$50 no show fee for medical appointments if they do not provide 24 business hours notice and a \$150 no show fee for surgical appointments if they do not provide 72 business hours notice prior to their appointment time for cancelling or rescheduling. A \$150 no show fee will be charged for cosmetic appointments if patient does not give 48 business hours notice for cancelling or rescheduling (with the exception of CoolSculpting, which requires 72 business hours notice.) Please see detailed cancellation policy at TurnerDerm.com

Certified letter for biopsy results that need follow up: We will attempt to contact you three times in regards to your biopsy results that require a follow up. If you fail to respond (or fail to schedule your follow up) and we need to send a certified letter, you will be charged a \$50 fee.

I have read, understand, and will comply with the information contained within this Financial Policy.

Print Name: _____

Sign Name: _____

Date: _____

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