

Financial Policy

INSURANCE BILLING

Bend Dermatology will submit claims to your insurance carrier (primary and secondary) either as a courtesy to the patient or as mandated by law. In order to do so we will request you to provide us with the following information:

Your written authorization to submit claims and release, as requested by your carrier, any medical information deemed necessary to process claims (authorization is included on our Patient Registration Forms).

Verification of insurance coverage. If Bend Dermatology Clinic will be billing insurance, we require you to submit your insurance card at the time of service or provide a copy of the card, front and back, within 24 hours of service.

Timely notification and verification of any change in coverage or carriers.

Unless Mandated by law, or other contractual agreements we bill insurance as a courtesy; ultimately all charges are the responsibility of the patient or his/her guardian. If, for any reason, your insurance carrier has not paid within 60 days of the date of service we will notify you of your responsibility to pay in full.

If we are billing insurance, medically necessary procedures will be billed to your insurance company as a courtesy. Your co-pay and any applicable deductible are due at the time of service. We accept cash, local checks, debit cards, credit cards, and CareCredit. Due to the number of plans and coverage options; we cannot provide individual reimbursement information. We are contracted with several insurance groups but may not be contracted with your individual plan. You will need to contact your carrier for information.

If you do not have insurance coverage, Bend Dermatology Clinic will request payment in full at the time of service. We do extend a 15% discount to our self pay patients who pay in full on the day medically necessary services are provided.

OUTSIDE BILLING

To provide the best care possible, Bend Dermatology may, on occasion, send specimens to an outside source for processing. Should this happen you will receive a separate billing statement from the outside laboratory and/or pathologist, in addition to your charges from Bend Dermatology Clinic.

APPOINTMENT CANCELLATIONS

We understand that occasionally it will be necessary to cancel an appointment. We ask that you provide twenty-four hour notice. If twenty-four hour notice is not given, you will be charged a flat fee of \$20 for office visits, and \$50 for laser or cosmetic procedures.

The providers make every effort to see you at your appointed time; therefore, we ask that you make every effort to arrive on schedule. Occasionally, unforeseen circumstances may cause us or you to be delayed. We understand; we hope you do too.

COSMETIC PROCEDURES

Elective cosmetic procedures are not covered by insurance companies. You will be financially responsible for all charges associated with such procedures. Prior to treatment we request that you make an appointment with our provider for a full cosmetic consult. The fee for this visit is \$75.00. If you then return for a cosmetic procedure, the \$75.00 fee will be deducted from the cost of the treatment.

Your provider will determine if procedures are cosmetic or medically necessary. Cosmetic procedures are payable in full at the time of service and will not be billed to insurance.

CARECREDIT PATIENT PAYMENT PLANS

Care credit offers various comprehensive payment plans: including interest-free plans for treatments of \$300 or more. Extended plans are available for treatments over \$1,000 and have a fixed interest rate of 11.9%. This is a revolving line of credit that can be used for ongoing treatments without having to reapply. For additional information, or to apply, please go to HYPERLINK "http://www.carecredit.com/" www.carecredit.com.