

Laing Dermatology & Skin Cancer Center, PA

Office & Financial Policy

Financial Policy

If you have questions about anything in the policy, please ask us. We are here to assist you in anyway we can. Payment is requested and expected at the time of service. We accept VISA, Master Card, Discover, American Express, cash, money orders, and checks. If you do not have payment available at the time of check-in, we may reschedule your appointment. A \$35.00 service charge will be applied to your account for all returned checks. Office visit charges **do not** include laboratory tests/pathology, injections, biopsies, surgical procedures, medications, and supplies. These services are billed separately. If you are having surgery, please remember that any estimated charges you may have been provided when you scheduled surgery were ESTIMATES only. Due to the complexity of some treatments, we have no way of stating exactly what the charges will be prior to the surgical procedure. All biopsy and surgical specimens are sent to Greensboro Pathology Associates, 1200 North Elm Street, Greensboro, NC 27401-1004. Phone: (336) 832-8074. For patients with approved insurances, as a convenience for you, we will file pathology charges directly to your insurance from our office. Our office pays a fee of thirty two dollars to Greensboro Pathology. If special stains or consultations are required these will be billed and filed to your insurance thru Greensboro Pathology Associates. For Medicare and other government insurance carriers as well as Wellpath, the entire pathology charges will be billed thru Greensboro Pathology and you will receive a separate statement from them.

Missed Appointments/Cancellations. If you are unable to keep your appointment, please provide 24 hours notice so that we may offer another patient the opportunity for an earlier appointment. You may cancel your appointment by calling the office during business hours at (919) 217-5510. We charge \$50 for missed appointments and for appointments canceled with less than 24 hours notice. We charge \$100.00 for any surgery missed or canceled with less than 24 hours notice.

Cosmetic Procedures: Cosmetic procedures are not reimbursed through health insurance plans and will not be filed. Please be aware that any associated charges, (i.e. pathologic exam of benign moles removed for cosmetic reasons), also are not covered. It is this office's policy to send all tissue removed for pathologic examination. We do not discard tissue specimens.

Minors and Incompetent Patients: As working parents ourselves, we understand it may be difficult for a parent to come to every office visit with their child. Therefore, as a courtesy to you, for uncomplicated visits, we will see the minor unaccompanied provided that we have a signed release to do so on file prior to the appointment. A copy of the required form is available in the office and on our website. Payment, as for all patients, is required at the time of the visit. North Carolina law regarding minor or incompetent patients states that the party seeking or authorizing treatment of such a patient is responsible for paying the bill. Arrangements between any other parties have no force or effect on Laing Dermatology & Skin Cancer Center, P.A.

Patients with insurance with which we participate:

A list of the insurances with which we participate is available on the website and in the waiting room. Please present your insurance card and photo ID at check-in. If you are unable to provide your insurance card and photo ID our Private Pay policy will apply. Our policy is to collect your co-pay / deductible / co-insurance at the time of service. You are responsible for payment of any office visits or procedures for which your company denies payment. We will attempt to advise you when we think a procedure might be denied. However, it is sometimes not possible to predict whether a company will reimburse prior to submitting the insurance claim. Please remember your insurance policy is a contract between you and your insurance company. We cannot guarantee to you that your insurance will pay all or any part of your claim. It is important that you completely understand the provisions of your Policy. We suggest you verify with your insurance company, prior to treatment, your policy, coverage, benefits, and any deductible/co-insurance responsibilities. If your insurance company denies payment of your claim, you should contact your insurance company directly. If your insurance company denies, or only pays a portion of your claim, again please understand that you are personally and fully responsible for the total outstanding balance. Please be sure the information we have on file for you is accurate and up to date. Please inform our office immediately of any change in your insurance coverage.

Regarding HMO's /Plans requiring referrals: If your health plan requires a referral or authorization for specialty services, it is your responsibility to make sure we have the necessary paperwork from your primary care physician. Referral and authorization forms should be faxed to us at 919-217-5501 prior to your appointment. If we don't have the required referral or the referral is for the wrong diagnosis, you may either pay for your visit at the time of service, or change your

Appointment to a later date so you may obtain the referral/authorization. You may call ahead and ask us if we have received your referral/authorization.

If you wish to address problems/diagnosis not covered by your referral in addition to your referral diagnosis **and if time allows** we are more than happy to do so. Please be aware you will be fully responsible for payment of any additional charges incurred by the additional services, time spent.

Patients without health insurance or with insurance plans we do not participate with:

We welcome **Private Pay** patients, defined as patients who are uninsured or are insured by plans with which we do not participate. A deposit of \$95.00 is required prior to seeing the physician and payment of your total charges is required at check out. We require that private pay patients pay the entire cost of their surgery prior to the surgery unless prior arrangements have been made. As a courtesy to you, we will file an insurance claim for you if you have insurance with which we do not participate, but you are responsible for payment of the total charges at the time of the visit.

MEDICARE Patients:

Medicare: We will file with [Medicare](#) for you and receive 80% of the approved amount directly from Medicare. Medicare will automatically file for most secondary insurance carriers. If your plan does not automatically file with a secondary carrier or we do not participate with your secondary plan, you are responsible for the remaining 20% at the time of service. We will provide you with a receipt to attach to the explanation you receive from Medicare. You can then mail the documentation to your secondary insurance for direct reimbursement. You will be expected to pay, at the time of service, this remaining 20% (if applicable), any unmet deductible, and any non-covered services. The [Federal Medicare program](#), administered through the [Center for Medicare and Medicaid Services \(CMS\)](#), will not cover many services they consider medically unnecessary or inappropriate. You will be responsible for all fees related to these services. Medicare requires that we have you sign an ABN prior to receiving these services. Supplemental or secondary insurance to Medicare will not cover services denied by Medicare. We recommend checking with your insurance carrier prior to treatment if you are concerned about these issues.

General Information for all patients seeking care at our office:

This practice is a solo physician practice. Patients are seen in the office during the hours posted on the web site and on the office door. Patients are not seen after hours or on weekends or holidays. There are times when Dr. Laing may need out of the office during otherwise normal hours. Any patient requiring care outside of normal business hours or when Dr. Laing is out, will need to be seen by their primary care physician or urgent care/emergency care center. Any patient whose condition is serious enough to require hospitalization likewise will need to be admitted by their primary care physician or the hospital's service accessed thru the emergency room. Dr. Laing does not admit patients to the hospital. Established patients of the practice who have an urgent need to speak with Dr. Laing that cannot wait until the next office day can leave a message on her voicemail via the office phone. These calls are usually returned within several hours. However, there may be times when Dr. Laing is not available and calls are not returned. Surgical patients are given Dr. Laing's direct cell phone number. Again, there may be times when she is not available. In addition, any bleeding of an emergent nature outside of office hours must be handled via the emergency room for patient safety reasons.

AUTHORIZATION

I agree to accept responsibility for any medical expenses incurred with Laing Dermatology & Skin Cancer Center, P.A. Therefore, I authorize my insurance company, attorney, or other parties to pay directly to Laing Dermatology & Skin Cancer Center, P.A. and/or provide any information regarding payment of my bill. I have read the entire Office & Financial Policy document, understood, and agreed to the policy stated above and I accept responsibility for any balance not covered by my insurance company.

Your signature below indicates that you understand and accept our office & financial policy.

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