

WINE COUNTRY DERMATOLOGY

BRENT LOFTIS DO, INC.

OFFICE POLICIES

Thank you for choosing Dermatology Associates of Napa Valley for your skin care needs. It is our goal to provide you with a positive experience. Over the past few years, the practice of medicine has become more complicated for physicians and patients alike. Because of the growing complexity of the relationship between the insurance company, the physician, and you the patient, we have established a set of guidelines regarding financial responsibility and office policies. When you call for an appointment, please tell the receptionist the reason for your visit. If you have a managed care insurance plan, it is your responsibility to obtain a valid referral. You may have to reschedule the appointment if the referral is not in place at the time of visit. Please update us with your address, phone numbers (home/cell), email address and health insurance. Please have your insurance card with you at time of visit.

Arrival

We suggest you arrive 15 minutes prior to your first visit to allow yourself time to check-in.

Missed Appointments, Late Cancellations, & Non-Compliance

Please keep in mind that appointments are time-slots reserved specifically for you. We require a 24-hour advance notice if you are unable to keep your scheduled appointment. As a courtesy, we offer appointment reminder calls which will allow you to cancel or reschedule at that time. However, it is ultimately your responsibility to keep track of your appointments whether you receive a reminder call or not. There will not be a cancellation fee for late arrivals unless you arrive more than 20 minutes after your scheduled appointment. We charge \$50.00 for appointments not kept. Patients with repeat cancellations or missed appointments may be discharged from our practice. Please note that noncompliance with treatment plans (including medications and/or lab work) and abusive/inappropriate behavior towards staff and/or other patients will result in dismissal of your care from our practice.

What You Should Bring

A valid copy of your Insurance Card is required at the time of your office visit. We also need the social security number of the guarantor so we can file the insurance claim. If we do not receive your insurance card before you see the doctor, that visit becomes fee for service and full payment will be due at the time of service. It is your responsibility to notify the staff of any changes in your address, phone number and/or insurance plan, and provide a current up-to-date insurance card at each visit. Failure to do so may cause your insurance claim to be rejected, thus making it your responsibility to pay for the total cost of the visit.

Minors

Minors must be accompanied by their legal guardian during their first visit. After the first visit, a parental waiver must be signed if their guardian will not be present during future appointments.

Transfers from Other Doctors

If you are transferring your care from another physician to our practice, please have your medical records faxed to our office prior to your visit. This will prevent any confusion regarding previous treatments.

Not Medically Necessary or Cosmetic Procedures

Your insurance company may deem certain procedures as not medically necessary, or cosmetic. If you and your doctor decide to continue with a procedure that falls into this category, we require payment in full at the time of service.

-The following are some examples:

-Removal of benign lesions: skin tags, angiomas, sun spots or liver spots, milia, sebaceous hyperplasia, or seborrheic keratoses, etc.

-Botox, cosmetic fillers, scar revisions, cosmetic consults/procedures.

-The cost of any procedure will be a separate fee from an office visit or consultation fee.

Laboratory and Pathology Fees

Many times, it may be necessary to obtain a tissue sample (biopsy) or perform lab tests to confirm a diagnosis or determine a course of treatment. If a biopsy or other lab work is done, there is a separate fee for processing and interpretation of the biopsy and/or lab work. This means that you will receive a separate bill from another laboratory for these tests. We will attempt to use a lab which files directly with your insurance carrier. Although the lab will file with your insurance, you are responsible for any bill you may receive from the laboratory or pathology services used. If you receive a bill from the lab, please contact the lab directly to resolve any billing concerns.

Biopsy Call Backs

All patients who have a biopsy are called back and given results within 7-10 business days. If a patient has not heard from us during this time, please call our office and request your results. Lab results do not normally require a call back, unless a result is abnormal.

Prescriptions

Prescriptions will be filled during business hours. Please contact your pharmacy for a refill or leave a message for our medical assistants and they will return your call by the end of the following business day.

Methods of Payment

For your convenience, we accept cash, personal checks, MasterCard, Discover, Visa and American Express. There is a \$25 fee for all returned checks.

Insurance

We will file your insurance for you if we are in your network. It is your responsibility to verify if a provider/physician is in your insurance network prior to your visit. If we have a contract with your plan, we will file a claim with your insurance company. If your insurance plan is not in network or not contracted with our practice, the total cost of your visit will be your responsibility. With some plans, you may be required to see a Primary Care Physician (PCP) to see a dermatologist or another specialist. If your plan requires authorization by a PCP, you must obtain a referral prior to your visit. If a referral is not obtained by the time of your visit, you may be responsible for the total cost of the visit.

It is your responsibility to understand your insurance plan coverage. If you do not understand your policy, you may wish to contact the number on the back of your card to review and verify your benefits. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services or diagnosis codes which they will not cover. Our office never guarantees that your insurance will pay for all services. We will make every attempt to file your claim as straightforward and simple as possible. However, if for any reason your claim is denied, you are responsible for the amount due on your account.

Co-payments, Deductibles and Coinsurance

A co-payment is a dollar amount set by your insurance company which you are responsible for at each visit. All claims are subject to a deductible if a procedure is performed (biopsy, cryosurgery, excisions, etc.). A deductible is the amount you are obligated to pay before your insurance company starts paying for your healthcare costs. Some insurance plans may also have a coinsurance, in which you may be responsible for a percentage of healthcare costs in addition to your copay or deductible. It is your responsibility to understand your plan and any associated deductible or coinsurance. Payment will be due at time of service if your deductible has not been met or if your plan requires a coinsurance payment. You may be billed for this amount should your insurance company notify us that additional payment is due from you.

Collection Efforts

We will send you three statements regarding your balance. The second statement is considered past due. If you should receive a third statement noted "Final", the account balance will be turned over to a collection agency if not paid within 30 days.

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OFFICE POLICIES - RECEIPT CONFIRMATION

I, _____ have received copy of the Office Policies for Wine Country Dermatology and understand the policies in regards to:

- **Missed Appointments, Late Cancellations, & Non-Compliance**
- **Minors**
- **Transfers from Other Doctors**
- **Not Medically Necessary or Cosmetic Procedures**
- **Laboratory and Pathology Fees**
- **Biopsy Call Backs**
- **Prescriptions**
- **Methods of Payment**
- **Insurance**
- **Co-payments, Deductibles and Coinsurance**
- **Collection Efforts**



PATIENT OR GUARDIAN NAME

DATE

