

# Dermatology Associates

at Crystal Run

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## Payment Policy

Thank you for choosing **DERMATOLOGY ASSOCIATES**. We are committed to providing you with quality and affordable healthcare. Below is information to answer frequently asked questions regarding patient and insurance responsibility for services rendered. Please read it, ask us any questions that you may have, and sign in the space provided. A copy will be provided to you upon request.

### **PAYMENTS ARE DUE AT THE TIME OF SERVICE.**

**Co- payments and Deductible - All Copayments and Deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. You will be responsible for 50% of today's charges at the end of your visit, and each and every visit thereafter, until your deductible has been met for the year.**

**Insurance** We participate with most insurance plans. We will bill your insurance company as a courtesy to you. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility.

**Claims Submission** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. You or insurance benefit is a contract between you and your insurance company.

**Referrals** If you have an insurance plan with which we are contracted you need a referral authorization from your primary care physician/ pediatrician. If we have not received a referral prior to your arrival at the office, you can call your primary care physician or pediatrician to obtain it. If you are unable to obtain the referral at that time, you will be rescheduled.

**Proof of Insurance** All patients must complete our patient information form before seeing our providers. We must obtain a copy of your insurance card to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of a claim.

**Coverage Changes** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.

**Methods of Payment** We accept payment by cash, check, Visa, MasterCard, American Express and Discover.

**Patient Statements** If you have unpaid balance you will receive a statement by mail every month. The statement amount is due and payable when the statement is issued, and past due if not paid upon receipt. Balances over 90 days will be turned over to our collection agency for collections. All payments made go to the oldest outstanding balance.

**Patient's Name:** \_\_\_\_\_

**Responsible Party:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(TURN OVER)**

**Office Use: Received By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CREDIT CARD AGREEMENT

You will be asked for a credit card number at the time you check in and the information will be held securely until your insurance(s) have paid their portion and notified us of the amount of your share. at that time, any remaining balance owed by you will be charged to your credit card, and a copy of the charge will be mailed to you. Due to the high volume of patients who file their credit cards with us, we will no longer call to authorize payment.

We will send ONE statement to you. If the balance is not paid in a timely fashion, we will then automatically run your card. If you do not wish us to do so, you must contact the billing office upon receipt of your statement.

This will be an advantage to you, since you will no longer have to write out and mail us checks. It will be an advantage to us as well, since it will greatly decrease the number of statements that we have to generate and send out. The combination will benefit everybody in helping to keep the cost of healthcare down.

This in no way will compromise your ability to dispute a charge or question your insurance company's determination of payment.

Copayments and Deductibles due at the time of the visit will, of course, still be due at the time of each visit.

If you have any questions about this payment method, please to not hesitate to ask.

**I authorize Dermatology Associates At Crystal Run to charge outstanding balances on my account to the following credit card:**

VISA     MASTERCARD     DISCOVER     AMERICAN EXPRESS

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use: Received By: \_\_\_\_\_ Date: \_\_\_\_\_**