

**Javier Zelaya, MD PC/ Skinworks Dermatology PLLC
Financial Policy**

Thank you for allowing Javier Zelaya, MD PC/ Skinworks Dermatology PLLC to be your healthcare provider. Javier Zelaya, MD PC/ Skinworks Dermatology PLLC is committed to the success of your medical treatment and care. Our practice will file your primary and secondary medical claims for you. It is imperative that you provide us with **current and accurate insurance information** at the time of your appointment. If you fail to provide insurance information, you will be considered **Self-Pay** and will be required to make payment arrangements at the time of service. **As the patient, you are responsible for any unpaid balance not contractually covered by your insurance.**

Privacy Policy: As required by law, Javier Zelaya, MD PC/ Skinworks Dermatology PLLC maintains a privacy policy dedicated to the protection of our patient's medical information.

Medicare: Our office is a participating Medicare provider, accepting assignments for Medicare Part B (Physician Services) claims. The patient is responsible for their Medicare co-insurance, deductibles and any services rendered that are not covered by Medicare.

Medicaid: Javier Zelaya, MD PC/ Skinworks Dermatology PLLC **does not** participate with Medicaid.

Managed Care Plans: In order to see a specialist, some insurance plans require a referral from the Primary Care Physician (PCP) or pre-certification before treatment can be rendered. It is the patient's responsibility to ensure we have this referral or pre-certification, **prior** to the visit. If we do not receive the necessary referral or pre-certification, the patient will be responsible for payment or will need to reschedule their appointment. **All co-pays are due at the time of service.** We will charge a \$10 billing fill for copayment not collected at time of service

Commercial Plans: Javier Zelaya, MD PC/ Skinworks Dermatology PLLC has established fees that are usual and customary for this healthcare service area. Every insurance carrier has their own usual and customary fee schedule; however the patient is responsible for payment regardless of the insurance carrier's arbitrary determination of rates. **All co-pays are due at the time of service.**

Non-Covered Services: Some services we provide may be deemed not medically necessary by your insurance carrier or not a covered benefit by your specific policy, therefore, not paid by your insurance. Many cosmetic procedures we provide are not covered by insurance. The patient is responsible for payment at the time of service for all services not covered by insurance.

Laboratory Services: Some services, such as biopsies or surgery, require specimens be sent to a laboratory for processing. The patient may receive a separate bill from DermPath Diagnostics Pathology Associates or another laboratory. These labs **participate** with your insurance. The patient is responsible for payment for a laboratory services being rendered. We provide the laboratory with your insurance information for proper claim processing.

To avoid errors and delays please always update any insurance or demographic information.

Self-Pay: Patient's who do not have insurance coverage are considered to be self-pay. Self pay patients will be required to make payment in full prior to services being rendered.

Credit Cards: We accept Visa, MasterCard, Amex . Debit cards and cash are also accepted

Returned Check Policy: Javier Zelaya, MD PC/ Skinworks Dermatology PLLC will charge a twenty five (\$25.00) fee for each check returned

Record release : There is a thirty dollar (\$30.00) clerical fee for releasing your chart to you. There is NO fee for releasing it to another doctor.

Payment is required prior to the completion of any form.

Missed appointment fee: A twenty-five dollar (\$25.00) charge may be applied for failure to cancel an appointment twenty four hours (24) in advance . A fifty dollar (\$50.00) charge may be applied for missed appointments for Surgery, Laser or Cosmetic Services

Billing fees: Copays are due at time of visit , this amount is stated on your insurance card under Specialist Copay.

Javier Zelaya, MD PC/ Skinworks Dermatology PLLC will charge a \$10 billing fill for copayment not collected at time of service

Late Fees: Javier Zelaya, MD PC/ Skinworks Dermatology PLLC may charge a ten (\$10) monthly billing fee for delinquent accounts that are forty-five (45) or more days past due.

Collection Agencies: Should it become necessary for Javier Zelaya, MD PC/ Skinworks Dermatology PLLC to send a patient's account to a collection agency, the patient will be responsible for any and all fees associated with the collection effort of the account, to include reasonable attorney fees, court costs, collection charges and interest.

Please do not hesitate to contact the business office whenever you have a question.

PATIENT ACKNOWLEDGMENT and AUTHROIZATIONS:

Authorization for Treatment: With your signature below, Javier Zelaya, MD PC/ Skinworks Dermatology PLLC is hereby authorized to conduct examination, perform procedures that are medically required and administer treatment and medications as deemed necessary or advisable.

Authorization for Release of Release of Information: With your signature below, Javier Zelaya, MD PC/ Skinworks Dermatology PLLC is hereby authorized to release a complete report of services rendered, diagnosis, findings and details of treatment and progress for the purpose of receiving payment for such services rendered. Recipients of such information may include medical insurances,

billing agencies, laboratories, diagnostic testing facilities, referring physicians, and others involved in the medical and/or financial aspects of my medical care. The release of information consent may be revoked at any time by giving written notice. If release of information is refused, the patient will be held responsible for payment of all charges for services rendered.

Authorization for Assignment of Benefits: In consideration of medical services provided, with your signature below, Javier Zelaya, MD PC/ Skinworks Dermatology PLLC is given all rights, title and interest to the medical reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefit including Medicare Part B. The patient will be fully responsible for payment of any and all charges not covered by insurance.

I have read this Financial Policy and Authorizations. I understand that there is no guarantee or assurances as to the results that may be obtained from any treatment. I understand the terms and conditions outlined herein as confirmed by my signature below.

Patient signature or Responsible Party

Printed Name (First Last)

Date of Birth

Date Signed