LEHIGH VALLEY DERMATOLOGY ASSOCIATES

190 Brodhead Rd., Suite 205
Bethlehem, PA 18017

Financial Policy, Referral/Pre-Authorization Policy & Credit Card Authorization

We thank you for choosing Lehigh Valley Dermatology Associates. We ask all of our patients to read and agree to our financial policy. We are happy to answer any questions you may have before you sign this. Unfortunately, patients who refuse to sign this are not able to be seen and may be subject to our appointment cancellation policy and fee.

We understand that healthcare and health insurance are very expensive, and we want you to receive the benefits and services from your insurance to which you are entitled. However, your insurance is a contract between you and your insurance company (and sometimes your employer). We have no control over what your specific insurance plan will cover and what they will not cover. In fact, it is not uncommon for insurance companies to cover something one month, and then decide not to cover it the next month. This is particularly true of non-Massachusetts-based insurances.

It has become increasingly time-consuming for our office to argue with insurance companies on your behalf to get them to pay your claim. If we have to spend time doing that, it means that other patients who need medical attention from us may not receive it. That "other" patient who needs us could one day be you or a family member. Therefore, any disputes on insurance claims will be your responsibility to dispute. We will provide you with any necessary documentation to aid you in this process. If you have a coordination of benefits issue, you should have received a notification in the mail from your insurance company to call your insurance company to confirm your primary insurance information. If you do not do so your claims will be denied and you will become a self-pay patient in our office. The insurance company will not allow our practice to call on your behalf to verify your primary and secondary insurance plans. If you have an appointment and your coordination of benefits is not corrected, you will become a self-pay patient for the visit or your appointment will be rescheduled for a time when the coordination of benefits has been corrected. If you choose to become a self-pay patient, once you correct the coordination of benefits with your insurance company, we will submit the claim on your behalf (participating insurances only). If you are due a credit, one will be issued once we receive the explanation of benefits from your insurance company.

Your agreement with your insurance company is between you and your insurance company. If you do not agree with any out-of-pocket determinations, you must contact your insurance company on your own behalf to express your concerns with your insurance company's determination of coverage for the service(s) we provided. However, you will be required to pay the out-of-pocket expenses up front and submit a request to your insurance company for a refund to be paid directly to you. We will not hold payment obligations for an insurance dispute on your behalf. All co-pays, deductibles, co-insurances, self-pay or procedures not covered under insurance are due at the time of visit. If your insurance does not provide detailed information as to your exact out of pocket at the time of service, you will be responsible for any out of pocket your insurance deems is your responsibility after the claim is reviewed by your insurance provider. Given the trend of higher deductible plans, if you are in deductible, you will be given an estimate of out-of-pocket expense at the time of your visit; along with any co-pays, co-insurances, and account balances. If you are unable to satisfy any of the aforementioned, your appointment will be rescheduled for another time when you are able to satisfy your financial obligations.

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If you choose to pay by method of a credit card or bank card; your signature on the next page IS your authorization to process any credit card or bank card payments you present to us to satisfy your account balance. Your signature for a credit or bank card authorization does not obligate you to use a card as a method of payment. It merely gives us the option to process a card in the event you choose to use a card. We require a new patient appointment to be held with a credit card on file. In the event you do not show for your new patient appointment, your credit card will be charged a no-show fee according to our no-show cancellation policy. If the card you provide is not valid, we will contact you for a valid card. In the event we are not able to obtain a valid credit card, you will be dismissed from the practice. In addition, if you have an unpaid balance (co-pay, co-insurance, deductible, or any out-of-pocket expenses) and you are sent to collections, you will automatically be dismissed from the practice. You will receive a dismissal letter and we will provide the required thirty-day emergency care, allowing you to time to find another dermatologist in the thirty-day period.

There are insurance plans that may require you to have a referral or pre-authorization on-file at the time of your visit. It is **YOUR** responsibility, not Lehigh Valley Dermatology's, to know if your specific insurance plan requires a referral and to obtain one prior to your visit. In the event you fail to obtain a prior authorization and bring it to your visit, your insurance company will deny your claim and you will be financially responsible for the entire visit. Dependent upon the services provided at your visit, it may become quite costly.

If a pre-authorization or referral is not obtained by you prior to your visit and your claim is denied, you will be responsible for the entire balance from your visit. Many insurance companies will deny your claim permanently if your referral is not authorized within 30-60 days.

Laboratory services (like bloodwork) and pathology services are performed by outside laboratories which are financially independent from our office. In the case of pathology services, we will send along all of the insurance information that you give us and the pathology lab will attempt to bill your insurance directly. However, there may be pathology services that your insurance will not cover. Feel free to discuss this directly with the pathology lab and/or your insurance company if you have questions.

If we run your credit card and it is denied for any reason, we reserve the right to charge an additional $36 administrative fee if we are not able to run a new credit card within 7 days. This is comparable to the $36 fee that we charge for returned checks. We will contact you or leave you a phone message on the phone number you provided for us, asking you to give us a call with the new number right away or to provide a different method of payment.

Finally, when patients make appointments and then either "no show", or cancel the appointment under forty-eight hours' notice, other patients who want to be seen as soon as possible, will not be seen. We do not double-book appointment slots, the time allotted to you goes unused and could have been given to someone else. Therefore, we reserve the right to charge for missed appointments in the range of $120-$200 per visit per patient when not cancelled more than forty-eight hours in advance. If you have a procedure scheduled, you may be charged the equivalent of the procedure you would have received if you would have kept the appointment.

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Accounts which are past due beyond 60-days are subject to a 1% per month interest charge. In addition, accounts which are more than 90days past due may be subject to an additional $35 processing fee, in addition to the interest charge, and may go to collections. If the account goes to collections, your national credit rating may be

affected. We will make every reasonable effort to work with you to get your balance paid in full. If your account balance is not satisfied through the collections process; we reserve the right to a court hearing where you will be responsible for any court fees in addition to the account balance, and fees listed above.

Lehigh Valley Dermatology's primary purpose is to take care of patients and their families. We hope you now have a clear understanding of our financial policies. These policies exist for one reason only: so that we can concentrate on taking care of patients' medical needs, rather than dealing with insurance companies or trying to obtain balances from unpaid patient bills.

Pre-Authorized Healthcare Form

By signing below, I agree to Lehigh Valley Dermatology's Financial Policy, Referral/Pre-Authorization Policy, Cancellation Policy and Credit Card Authorization. I authorize LVD to charge my credit card/bank card that I present at the time of visit, over the phone or by mail for any outstanding balances. If I choose to pay by any method other than credit card or bank card the alternative payment method does not relinquish me from signing this financial agreement. It simply means that portion of this agreement may not pertain to me at the time I choose to not use a credit card or bank card.

I understand I may be responsible for additional fees which may include: insurance denials for ANY reason (including no referral on file); missed or cancelled appointments; deductibles; co-insurances; partially paid claims; cosmetic procedures; as well as other reasons which may arise. I agree to pay any balance on my account promptly.

If the credit card that I give changes, expires, or is denied for any reason, then I agree to immediately give LVD a new, valid credit card (in a timely manner) which I will allow them to key-in over the phone. Even though LVD is not swiping this card in person, I agree that the new card will still be subject to the financial policy listed herewith and may be used with the same authorization as the original card which I presented in person. In addition, I agree not to initiate or pursue a chargeback or payment reversal after LVD has charged my credit card for any of the above reasons. LVD reserves the right to charge a $36 fee as set in the terms listed previously in this policy. In the event I pay with a check and the check is returned for non-sufficient funds, I agree to provide a LVD with a valid method of payment and to pay the NSF fee of $36.00 promptly.

I understand that I am responsible for payment for all medical and cosmetic services provided to me by LVD. I understand that my insurance may deny or delay payment for these services or only partially pay my claim, and I agree to be financially responsible for any balance that is not covered by insurance or is considered my out-of-pocket portion.

_____ _____

Signature of Patient / or Legal Guardian) Date

_____ _____

Print Name of Person Signing Above Relationship to Patient