

## **Financial Policy**

Germain Dermatology is dedicated to you and your well-being. We promise to do our best to provide you with the highest possible care available. As a private practice, we are not subsidized by any government or private programs. We offer our service to you at a competitive price that is comparable to any other Dermatology practice in the area

Medical patients fall into 1 of 2 financial categories:

1. An insurance company provides payment through a healthcare policy purchased by an employer for an employee, or purchased by an individual. (Insured)
2. A patient pays the physician directly for healthcare services. (Self-Pay)

### **Insured Patients**

Insurance coverage will normally cover payment for some of the healthcare services we provide. Most insurance plans have co-pays, deductibles, or co-insurances that are paid by the patient.

For the plans that Germain Dermatology participates with, we will honor the amount allowed by your insurance company. We will file your claim with them for reimbursement of the charges associated with the services we provided, and we will write off the amount we have agreed to discount. If your plan has a co-pay/deductible/co-insurance, we are required by the agreement, to collect it at the time of service.

We cannot pre-determine what your insurance carrier will/will not define as necessary care. We believe that should be determined by your physician. If, for whatever reason, the company does not pay for the services, please understand you will be responsible for the unpaid balance. You will receive a detailed statement including your insurance companies' response. Due to the delay in receiving payment for the services, and the cost of communicating with them and you, we would appreciate your timely response to any balance remaining. For your convenience, we accept all major credit cards.

### **Self Pay Patients**

For patients that are presently without insurance coverage, we want you to know that both your physical and financial interests are considered as we treat your illness, however, we are primarily dedicated to treating that illness as effectively as we can. For us to remain efficient and viable, we ask that you pay for treatment at the time of service. Unfortunately, it is impossible to determine what the cost of the care will be prior to the date of service. We will do our best to inform you of what to expect along the way, but please understand that we do not have control over the cost of many of the elements involved in that care. We are working hard to try and keep our costs down. Please know that when we see you face-to-face, your best care is our only objective. In return, we ask that you treat our staff with the same kindness and respect they offer you, and that you pay for the services you have received before you leave the clinic. We are contracted with an outside collection agency to help collect outstanding, past due balances. If you are sent to collections, or if you have a returned check, you will be charged a \$30.00 billing fee.

We are devoted to your care and well-being. Thank you for your cooperation and understanding of our financial policy.

Patient/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_