



## THE DERMATOLOGY CLINIC

### Patient Financial Responsibility Policy

*The Dermatology Clinic's goal is to provide the best service possible. Please call us before your appointment if you need to make special financial arrangements to pay your bill.*

#### **Basic Policy**

- The patient's insurance policy is a contract between the patient and his or her insurance company. However, **all charges regardless of the insurance coverage are the patient's responsibility** and the patient is ultimately responsible for any unpaid balances. As a courtesy to our patients, *The Dermatology Clinic* ("TDC") bills the patient's insurance and makes every effort to ensure that claims are promptly and correctly processed. TDC also bills patients' secondary insurance when patients provide complete insurance information.
- Patient co-pays, deductibles and co-insurance amounts are due at time of service.
- We accept cash, checks, money orders, debit cards, and credit cards (VISA, MasterCard, Discover, AMEX).

#### **Non-covered Services and Self-Pay**

- If you are currently without insurance coverage, or for any care not covered by your existing insurance coverage, TDC requires payment in full at the time services are provided or upon notice of insurance claim denial.

#### **Referrals**

- Provision of proper insurance documentation and any required referrals (to include *Tricare referrals*) or required pre-authorization is the responsibility of the patient. In the absence of appropriate referrals or pre-authorization, you agree to accept full responsibility for any charges related to the services performed by TDC. Moreover, if services are rendered which are outside the scope of your referral or authorization, you accept full responsibility for these charges as well.

#### **Laboratory Fees**

- You may be referred to an outside laboratory for tests. These fees will be billed to your insurance or to you by the laboratory. It is your responsibility to use the laboratory contracted by your insurance company.

#### **Outstanding and Past Due Balances**

- If there is an outstanding balance on your account after your insurance carrier remits payment to us, that remaining balance is due in full upon receipt of the first bill from TDC.
- A past due balance is any amount owed after the insurance company has paid its portion, but where TDC has not received the full patient balance within 30 days. Delinquent accounts may be turned over to a collection agency. You understand that you will be charged for, and hereby agree to pay, all costs and expenses incurred in collecting any past due fees. Balances on accounts with payment plans where payments are in compliance with the plan are not considered past due balances. ***Patients who have a previous collection agency balance and wish to receive service are required to pay any new and previous charges at the time of service.***
- If you can't pay your balance within 30 days, please contact our Billing Office at (732) 222-2250. There are several ways you can pay your bill, including possible payment plans, and a



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Billing Office representative will help find the right one for your financial needs. We will also work with you to determine if you are eligible for financial assistance.

### **Payment Plans**

- Payment arrangements may be made on patients' accounts based on a review of circumstances and approval by TDC Billing Office. We generally do not extend payment plans to patients who have failed to make timely payments in the past. TDC's Billing Office representatives may authorize monthly installment payments following the practice's minimum payment guidelines below:

<b>Account Balance</b>	<b>Minimum Monthly Payment</b>
\$100 or less	\$10.00
\$250 or less	\$20.00
\$251-\$500	\$50.00
\$501-\$750	\$70.00
\$751-\$1,000	\$90.00
Over \$1,000	10%

### **Waiver of Co-Pays and Deductibles**

- It is the policy of this practice to bill all applicable out-of-pocket amounts and to make reasonable efforts to collect such amounts in accordance with our collection practices and procedures. TDC will not waive co-pay, coinsurance, or deductible amounts for insured patients, except in the limited circumstances set forth in this Patient Financial Responsibility Policy. Such determinations may be made only after sufficient investigation has been made and it is expected that such waivers will be *rare*.
- If TDC does waive co-payments or deductibles for a patient based on the patient's financial status, we will maintain a record of the information upon which we based this decision. Waivers of co-pays and deductibles may also be made after reasonable collection efforts have failed to result in the collection of the fees. TDC will maintain records of what collection efforts have been made for fees waved in these instances.
- Under no circumstances will our practice engage in any of the following practices with respect to the waiver or lowering of co-insurance and/or deductibles:
  - Waive or lower co-insurance and deductibles that do not meet the requirements outline in our Policy;
  - Advertise, or in any way communicate to the general public, that payments from private insurance, Medicare, or Medicaid, will be accepted as payment in full for health care services provided by our practice, or advertise or otherwise communicate to our patients or to the general public that patients will incur out-of-pocket expenses;
  - *Routinely* use financial hardship forms which state that the patient is unable to pay co-insurance and deductible amounts;
  - Charge Medicare beneficiaries or private insurance beneficiary's different amounts than those charged to other persons for similar services;
  - Fail to collect co-insurance and deductibles from a specific group of patients for reasons unrelated to indigence or managed care contracting (e.g. to obtain referrals)



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or to induce patients to seek care in our practice vs. another practice that does not waive co-pay and/or deductibles);

- Accept “insurance only” or accept only what insurance pays as payment in full for services rendered;
- Fail to make a reasonable collection effort to collect a patient’s balance.

### **Financial Hardship Determinations**

- For indigent, uninsured, or underinsured patients, TDC may reduce or eliminate the patient’s financial responsibility for medically necessary and appropriate treatment on a case-by-case basis where the patient qualifies under our financial hardship guidelines.
- Financial hardship determinations are based upon a review of household income, assets, and liabilities in relation to current Federal Poverty Income Guidelines. As part of the process, we generally evaluate income levels, net worth, employment status, other financial obligations, the amount and frequency of healthcare bills, and other circumstances. *Insured patients who choose not to have their claim filed with their insurance company are ineligible for our financial hardship assistance program.*
- Upon verification of a patient’s financial hardship, the practice uses the below structure to determine the level of discount:

<b>When Family Income is:</b>	<b>Discount Off Charges</b>
1.0-1.75 x poverty level	75%
1.76-2.25 x poverty level	50%
2.26-3.00 x poverty level	25%
Over 3.00 x poverty level	No discount

- The determination of financial hardship is applicable to the current episode of care. To waive or reduce future payments, the patient must again prove financial hardship. The patient and the Billing Office representative shall sign a statement detailing that the practice has reviewed proof of financial hardship, and what bills are being reduced or waived.

### **Applying for Financial Hardship Assistance**

- The patient or responsible party must complete the attached Patient Financial Hardship Application, and sign the form in the middle of page 3.
- Submit the completed worksheet and any supporting documentation (e.g. W-2, federal tax return, pay stubs, etc.) to our Billing Office for review.
- We will review your package upon receipt and contact you if additional information is required. Applications will not be approved for financial hardship assistance when required forms are incomplete or necessary documentation is missing.
- We will contact you regarding your application, generally within five (5) business days after we receive your complete application and all required attachments. The representative will inform you of our decision regarding your request for financial assistance and, if applicable, the level of discount for your outstanding TDC medical bill.

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