

## **BILLING AND PAYMENT POLICY**

We are committed to providing you with the best possible medical care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your cooperation in supplying us with your ***current, accurate and complete insurance information and identification card at each visit.***

It is also important that you understand our billing and payment policies. Please be aware that, as part of your treatment the doctor may do in-office procedures, such as the removal of a skin lesion. Many insurance companies (particularly PPO's) process these procedures under your plan's individual surgical deductible that may result in out-of-pocket costs to you. Payment of office visit copays does not eliminate these costs.

**Payment for copays and any non-billable service is due at the time of your visit.** We accept checks as well as cash, but do not take credit or debit cards. The fee for a returned check is \$30.00. If our services are billable to your insurance plan we will submit a claim on your behalf. After your insurance company pays us their allotted amount, we will bill you for your remaining balance. This may include deductible and/or coinsurance amounts that have been applied to the claim, or charges for services not covered by your plan. (You may also receive an Explanation of Benefits directly from your insurance plan explaining what has been paid and what is your responsibility.) There is a \$10 Billing Service Charge added to all past due balances. If it becomes necessary to place your account with an attorney for collection of an unpaid balance due from you, the practice shall be entitled to your payment of reasonable attorney's fees and costs of collection.

We will gladly answer questions relating to insurance billing. However, we are *not* able to determine your specific coverage and benefits, plan limitations, or plan provisions. For this information you should contact your insurance company directly, or the employer's group administrator for your plan.

**We must emphasize that as a health care provider our relationship is with you and not the insurance company. While filing insurance claims is a courtesy we extend to our patients, all charges are ultimately your responsibility from the time the services are rendered.**

### **MEDICARE:**

We are participating with Medicare and therefore will submit claims for you. We will also bill your secondary insurance plan if you provide us with correct information to do so. After we receive payment we will bill you for any remaining deductible or coinsurance balance. (Please understand that many secondary plans do *not* pay the annual Medicare Part B deductible, and some pay only a percentage of Medicare coinsurance.)

### **HMO's (AETNA, KEYSTONE, AMERIHEALTH, ETC.):**

At the present time we are participating in these insurance plans. We will file your claim provided you have supplied us with a valid referral, and paid your required copay (if applicable), at the time of your visit. Failure to have a valid referral will result in your choice between 1) rescheduling of the appointment, *or* 2) paying at the time of the visit for all services provided. Sorry – *no exceptions.*

### **PERSONAL CHOICE AND OTHER PPO PLANS:**

At the present time we participate in most PPO insurance plans. If you have a plan in which we participate, we will file insurance claims on your behalf. You may be responsible for deductible and/or coinsurance after processing.

I have read and understand the above Billing and Payment Policy of Michael A. Tomeo, M.D. & Associates/Advanced Dermatology Center and agree to abide by this policy.

**PATIENT OR RESPONSIBLE PARTY SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_