

Payment Information:

Payment to Heartland Dermatology (HDC) is required in exchange for providing healthcare services. We accept cash, checks, and all major credit cards. All co-payments and outstanding balances must be paid in full at check-in at every appointment. The balance is due in full within 30 days for each DOS. Any remaining balance after insurance adjustments and remittance will be subject to insurance deductible and will be the patient's responsibility. Past-due patient balances over 90 days are subject to collections. Payment arrangements can be made upon request and approved at the discretion of the A/R Manager. Call 785-827-2500 to request a payment plan.

Insurance Claims & Eligibility:

HDC utilizes a third-party billing company to submit insurance claims; patients may be required to provide information directly to their insurance company for a claim to be processed. To ensure insurance claims are filed accurately, HDC requires a copy driver's license and insurance card upon check-in. Referrals and VA authorizations are the patient's responsibility to obtain. **Failure to provide a referral (if applicable), current form of ID and proof of insurance will require payment in full at the time of service until insurance coverage can be verified.** If necessary, HDC or the third-party billing company will appeal insurance denials on the patient's behalf; if insurance upholds denial after 90 days, the remaining balance will be patient responsibility. Patient must notify HDC of any changes to their insurance or demographic information (address, name change, etc.) to prevent delays in insurance claim filing and unnecessary patient out-of-pocket payments.

Patient is responsible for knowing and understanding their own insurance coverage including co-payment, referral requirements, deductible/coinsurance, and in-network benefits

Self-Pay and Deposit Requirements

Patients are considered Self-Pay if:

1. **Patient does not carry health insurance
2. **HDC is not contracted with patient's insurance carrier
3. Services provided at time of visit are not medically necessary

** Deposit at check in is required, see table below for deposit parameters:

Deposit Amounts for Self-Pay Patients:	
New Patient	\$80.50
Established Patient	\$62.36

Not-Medically Necessary/Cosmetic Procedures:

All Medicare patients must sign an ABN (Advance Beneficiary Notice) for services deemed "not medically necessary" by Medicare. For all other insurance carriers, not-medically necessary procedures are subject to the self-pay fee schedule and payment is due in full at time of service.

No Surprises Act/Good Faith Estimate (GFE):

HDC will produce a "Good Faith Estimate" **at the time of visit** if requested by the self-pay patient **PRIOR** to any procedure/treatment. GFE provides a quote for the cost of a procedure/treatment BEFORE services are performed on the day of the visit. Patient can authorize the provider to proceed or halt treatment based upon their current financial situation. Additional details of the No Surprises Act and GFE can be provided to the patient immediately upon request.

Pathology:

To provide optimal and timely patient care, HDC has an in-house pathology lab and Board-Certified Dermatopathologist to process and diagnose patient specimens/biopsies. However, some patient specimens may require special stains and/or third-party second opinions to properly diagnose the condition. HDC utilizes a variety of third-party vendors for these unique situations, these services are billed separately to the patient and are not affiliated with any HDC services.

Non-Medical Fees:

Additional fees may apply to the following:

- Returned Checks (\$35)
- Missed Appointments – See No Show Policy and associated fees
- Copy of medical records (\$50)

Minors:

For patients under 18, a parent or guardian is responsible for payment. In addition, minors are unable to receive medical treatment without the consent of a parent or legal guardian.

By signing below, I hereby certify that I read and understand the financial policy of HDC and agree to abide by the terms outlined in this document. I authorize HDC and/or their 3rd party billing to release the necessary information to complete and process my insurance claim(s).

Signature of Patient or Responsible Party

Date

Printed Name of Patient or Responsible Party

Relationship to Patient

Signature of Witness

Printed Name of Witness