



FINANCIAL POLICY

Copays/deductibles- all copays, co-insurance, and deductible amounts and all non-covered charges are the insured/patient's financial responsibility and are due at the time of the service. Failure to produce payment may result in your appointment being rescheduled. Patient is responsible for knowing and understanding their insurance coverage including copays, referral requirement.

Referral requirements- It is the patient's responsibility to obtain a referral from your primary care provider for services when required by insurance. If the referral is not in place for your visit, you will be responsible for all services provided.

In-Network Coverage- for insurance companies that we are contracted with, we will determine your copay due at the time of the visit and bill your insurance for the balance. Depending on whether you have met your deductible and your coverage level, we will bill you for the amount that insurance does not cover.

Out of Network coverage- we are not contracted with some insurance plans. For these plans, your co-pay is still due at the time of service. We will attempt to bill your insurer for the balance. They will reimburse us at an out of network provider rate. You will be responsible for the remaining balance, which may be higher than charges for similar services provided by an in-network provider. You may always request to be a self-pay patient and submit your bill for reimbursement from your insurance company.

Non-Covered Services/Cosmetic Procedures- Cosmetic services are not covered by your insurance. Your payment is due at the time service is rendered. Some medical services are also not covered by insurance (treatment of benign lesions for cosmetic purposes for example. It is your responsibility to understand whether any service will be covered by insurance.

Pathology/Lab Services- Driftless Skin Center will use an outside entity for our pathology and laboratory services. If a biopsy is performed be advised that you/your insurer will receive an additional bill. Our outside entities generally participate in the same insurance plans however it is your responsibility to pay for those pathology and laboratory services. If you have questions regarding these bills, please contact the billing number located on the statement you have received.

No show/cancellation policy- We take the time necessary to treat our patients with courtesy and respect and make it a priority to tend to their needs. Your appointment time is blocked for you. Therefore, a no-show fee of \$50.00 will be charged if an appointment is not cancelled/missed or rescheduled within 24 hours. After three consecutive "no shows" the patient may be subject to dismissal from the clinic.

No Surprise Act- prior to receiving treatment, Driftless Skin Center will produce a "Good Faith Estimate" for self-pay patients upon request. Patients must authorize/deny treatment after receiving the estimate from the provider.



Outstanding balances/Collections- Patients in collections or have delinquent payment plans will NOT be allowed to schedule future appointments until the payment plan is current or the collection balance is paid in full.

Preauthorization Policy- by acknowledging you consent to us keeping a credit/debit/HSA card on file to be used for any unpaid balances. **You also authorize Driftless Skin Center to charge your card for any outstanding balances.** Charges will only be made after the insurance claim is paid by your carrier. You will receive an explanation of benefits from your insurance carrier explaining charges that were authorized to be billed by the carrier. If your balance exceeds \$200.00, we will call you prior to authorizing the card of file. In the case of a credit balance, the money will be directly refunded to the card on file unless you request a check.