



## GEORGIA DERMATOLOGY CENTER POLICIES

In order for our office to maintain accurate billing, we do require that an image copy of your current insurance card be on file in our system. It is imperative that you as the insured be aware of exactly how your policy has been written with your insurance company and how your individual benefits work. Please direct any questions about your policy to your insurance company customer service number on your card. You as the patient are responsible for knowing if our practice is in your insurance network. Most insurance plans require a separate deductible for surgical procedures and in dermatology most procedures are considered to be surgical in nature. The Georgia Dermatology Center does not bill for preventative care. If your insurance company has not paid our office within 45 days, you will be billed from our office and we will ask that you contact your insurance carrier directly to help expedite your claim.

If your account is delinquent and is turned over to a collection agency for processing, we will automatically assess your account an additional 38% over the original amount due. Outside facility laboratories are used for all blood work, biopsies and collective cultures. These facilities handle filing of their own charges with your insurance carrier directly. Depending on how your benefits are paid to the lab you will be responsible for any charges not covered by your carrier. These charges are not inclusive to any charges from our office. Any adult presenting a child who is a minor for care in our office will be required to be present during the child's examination and will be responsible for payment of the patient portion at the time of service; this includes co-payments and non-covered services.

**Our office has a Returned Check Fee of \$35.00.**

### CANCELLATION/MISSED APPOINTMENT POLICY

Providing complete and thorough medical care to our patients is our number one goal. Our providers and staff members work very hard to maintain this goal and we ask that patients make every effort to adhere to the appointment time that has been reserved for you. We kindly ask that you give us **24 hours' notice** in the event that you are unable to keep your appointment in order for us to schedule and care for other dermatology patients.

Appointments either missed or cancelled without a **24 hour notice** will be charged a **\$50.00 fee**.

This fee will automatically be charged to your account. You will be personally responsible for this charge and it will not be billed to your insurance company. There is a **\$100.00 cancellation fee for surgeries** that are cancelled less than 3 business days from the scheduled day and time of surgery unless the cancellation is due to insurance denial or medical necessity.

### PRESCRIPTION REFILL POLICY

Providing patients with the highest standard of care requires that patients also take part in the process of monitoring their conditions. It is imperative that patients return for follow up visits in order to monitor certain skin conditions and also to allow us to closely watch areas that are of concern. In the event that you have received a prescription medication from our office, please make sure to ask either the provider or the medical assistant when you will need to return for your follow up visit in order to refill your prescription medication.

Patients taking oral medication on a daily basis need to be seen no less frequently than every six (6) months. **We do not refill oral medications over the phone.** Patients using topical medications only need to be seen no less frequently than once a year. We will not refill any prescriptions issued by another provider without an evaluation by one of our providers. Please make sure to schedule a follow up visit prior to leaving the office to prevent your prescription medication from running out.

**My signature below states that I have read, understand, and agree with these policies.**

**Signature of Patient/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_