



## FINANCIAL POLICY

Thank you for choosing Madrona Dermatology for your care. The following is a statement of our financial policy. We want you to understand it and be comfortable with it. We require that you read it and sign it prior to receiving evaluation or treatment from us. Please do not hesitate to ask questions or discuss any concerns.

**Forms of Payment:** We accept cash, check, VISA, MasterCard, American Express and Discover.

**Patients with Insurance:** We are able to bill most insurance carriers for you, both primary and secondary. We bill your insurance carrier as a courtesy; ultimately you are responsible for the full charges of your visit. Your insurance policy is a contract between you and your insurance carrier. Since we are not party to that contract, **you are responsible for understanding how your insurance works** (for example: Is a referral required for your visit with Madrona Dermatology? How much is left to pay on your deductible?). We do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for your care. If your insurance carrier declines a claim due to inaccurate or incomplete information you have provided to us or to them, we may still bill you directly for the unpaid balances. We are not obligated to wait for you to resolve a dispute with your insurance carrier before seeking payment from you. As a courtesy, we will help you as best we can to get proper and timely payment from your insurance carrier.

**In Network Coverage:** If we have a contract with your insurance carrier, then the maximum financial responsibility (cost of your visit) for you and your insurance carrier combined is determined by our contract with them, and is called the “allowable fee” for the services rendered. Your copayment is due at time of your visit. Once your insurance carrier processes your claim, we will bill you for the remaining balance.

**Out of Network Coverage:** If we do not have a contract with your insurance carrier, then the maximum financial responsibility (cost of your visit) is determined by Madrona Dermatology prices for the services rendered. Your copayment is due at the time of your visit. We will attempt to bill your insurance carrier for the balance. Your insurance carrier will reimburse at an out-of-network provider rate. It is your responsibility to make sure you have out-of-network benefits. Your remaining balance may be higher than a balance for the same services provided by an in-network provider. We will bill you for the remaining balance.

**Medicare Patients:** We bill Medicare for you. In order to do this, we must have your signature on file. We also bill Medicare Supplements and secondary insurance carriers for you. Your copayment is due at the time of your visit.

**Non-covered Services:** Cosmetic services cannot be submitted to insurance. Payment in full is due at the time of your visit.



**Minor Patients:** A parent or legal guardian must accompany minors at the time of the initial visit, and this person becomes the responsible party. Unaccompanied minors at subsequent visits are still expected to make copayments and update patient/insurance information as needed. If parents are separated or divorced, and the parents share financial or insurance responsibility for the minor, then accurate information and signed consents from both parents is required. In event of any disputes, the parent or guardian who accompanied the minor at the initial visit is the responsible party for all balances.

**Missed Appointments/Cancellations:** If you no-show or cancel/reschedule an appointment without 24 hours notice, there will be a \$50 fee.

**Returned Checks/Insufficient Funds Fee:** If any payment (for example, a check) is returned due to insufficient funds, there will be a \$50 fee.

**Billing Service:** Please pay your bill promptly. Our billing service, West Coast Dermatology Billers (WCDB), will then bill you for the remaining balance due. If a payment is not received, a second statement will be mailed to you. If again there is no payment, a collection letter will be mailed to you. Thirty days after the collection letter is sent to you, if there is still no payment, your account will be turned over to a collection agency.

Please do not hesitate to contact WCDB at 1-888-541-9232 with any questions or concerns about your statement, or if you wish to pay your balance by phone.

**My signature below indicates that I have read, understand, and agree to this Financial Policy.**

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Name of Patient or Responsible Party

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Signature of Patient or Responsible Party

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Date