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INSURANCE AND FINANCIAL AUTHORIZATION

We appreciate your confidence in choosing us for your dermatology care. Please take a moment to review your responsibilities and financial obligations.

Please note that we DO NOT ACCEPT MEDICAID. If Medicaid is your secondary insurance, you will be responsible for the amount not covered by your primary insurance.

CO-PAYMENTS

If you are an enrollee of a managed care plan (HMO or PPO) that we are contracted with, you are required to pay the co-payment each time you are seen for medical reasons.

PROCEDURE DEDUCTIBLES

Please be advised that biopsies, intralesional injections of steroids, removal of benign or malignant lesions, incision and drainage, acne surgery, and the destruction of warts, molluscum, precancers, inflamed seborrheic keratoses, and other lesions by methods such as freezing, scraping, burning, or the application of chemicals, are considered procedures and are applied toward any procedure deductible even when performed in the setting of an office visit.

ANNUAL DEDUCTIBLES

In addition to the co-payment, some insurance plans also have an annual deductible. If your deductible has not been met, you are required to pay this deductible amount at the time of service. If there is a balance due from you after your insurance carrier has paid its portion, we will bill you for the patient portion due. If you have any questions regarding a billing statement you received from our office, please do not hesitate to contact our billing staff.

BIOPSY AND LABORATORY STUDIES

Skin biopsies, cultures, and blood work are sent to outside facilities. You and /or your insurance company will receive a separate bill for these services. All skin biopsies are sent to Delta Dermatopathology and or SkinDx. Most blood work and cultures are sent to Omega.

YOUR RESPONSIBILITIES

It is your responsibility to understand your insurance carrier's requirements for coverage. Some insurance plans do not cover services performed by physicians outside their network and others reimburse those services at a lesser rate, often with a deductible preceding coverage for benefits. For maximal coverage, it is your responsibility to insure the physician you choose is a provider for your insurance plan.

AUTHORIZATIONS

I request that payment for medical benefits be made to the physician for services rendered. I authorize and consent to the release of my medical and other information to my insurance carrier to process my insurance claim.

I understand and agree that I will be responsible for any fees incurred by Red River Dermatology to collect fees for services rendered, including collection agency fees, attorney's fees, bank fees and court costs.

Please sign below acknowledging that you have reviewed the above information and understand your financial obligations.

Name Printed

Signature

Date