

FORT COLLINS SKIN CLINIC FINANCIAL POLICY ADDENDUM 2016

It is the responsibility of all patients/guarantors to understand their insurance. Please be advised that many procedures performed in this office may apply to your annual deductible or may require additional out-of-pocket expenses beyond your co-pay (i.e. Co-insurance). **Tests and treatments performed in our office are necessary to ensure proper diagnosis and care for our patients.**

All biopsies and mole removals performed in this office will be submitted to pathology for analysis. Biopsies are an example of a procedure that could be subject to a deductible or co-insurance. **In the event that special stains are required for pathology, there will be additional lab fees submitted to your insurance. Once that claim has been processed you will receive a statement if there is any remaining patient responsibility. Please be aware that additional copays are also required by many insurance companies for pathology.**

Other examples include:

- Liquid nitrogen for the destruction of lesions such as warts or pre-cancerous lesions (classified as surgery by all insurance companies)
- All excisions including removal of skin cancer and atypical moles
- Injections (considered a procedure by all insurance companies)
- Photodynamic Therapy
- PUVA/UVB light box treatment

It is important for our patients to be aware that a covered benefit does not mean it will be paid for if your annual deductible has not been satisfied.

All costs for services rendered are calculated at check-out. This is an **estimate** based on our contract with your insurance carrier. Payment is due at check-out unless prior payment arrangements have been made. Because these are **estimates only**, the final cost for services is not fully known until the claim has been adjudicated by your insurance. You will be billed for any additional costs after adjudication or refunded if the fees are less than estimated. **Please note that statements are not mailed for balances under \$10.00. These balances will be collected at your next visit.**

We accept several forms of payment for your convenience:

- Visa, MasterCard, Discover and American Express
- Checks, money orders or cash
- We now accept Care Credit

I have read and understand the above.

Patient signature: _____ Date: _____

Print Patient Name: _____

Guardian signature (if under 18 years of age): _____