



Integrity
DERMATOLOGY
FINANCIAL POLICY

1. **Direct Pay Practice:** We are a Direct Pay practice and do NOT participate with ANY insurance or government healthcare program. Patients pay for their care at the time of service.
2. **Payment:** Payment in full is required for all services before you leave our office. Cash, checks, all major credit cards and FSA/HSA accounts are accepted.
3. **Fees:** Office visit fees are based on the complexity of your concerns and the time spent with your provider. If your visit requires procedures, such as a biopsy and/or freezing, there will be an additional fee(s) for these services. These additional fees will be discussed prior to performing the procedure.
4. **Out-of-Network:** Integrity Dermatology and/or providers are considered out-of-network for ALL insurance plans. The clinic and providers are not contracted with ANY government or commercial insurance plan. This includes Medicare, Medicaid, Tricare and all commercial primary, secondary and/or tertiary insurance plans.
5. **Out-of-Network Benefits:** Your insurance company may reimburse you for out-of-network services, depending on your specific insurance plan. Although we do NOT file insurance claims, you are welcome to submit your own claims for possible reimbursement. Please be aware that it is your responsibility to understand your plan's out-of-network coverage. We cannot make any guarantees regarding whether you will be reimbursed by your insurance plan. If you have questions, we encourage you to speak directly with your insurance company or benefits manager. Upon payment of your office visit and procedure fees, you may request a receipt for insurance company claims submittal for possible out-of-network reimbursement. This receipt will contain diagnosis and procedure codes necessary for reimbursement that you may submit with your health insurance plan's claim form. *Please note there is a \$10 fee for each coded receipt requested.*
6. **FSA/HSA:** Services provided to you at our office are eligible for payment via Flexible Spending Accounts (FSA) or Health Savings Accounts (HSA). You will need to check with your plan prior to your appointment. If your FSA/HSA balance does not pay for all fees, another form of payment is required.



7. **Pathology and Laboratory Services:** If you need any pathology or lab work done, these services will be performed by an outside facility and you will receive separate bill(s) from these facilities for their services. If you have insurance, you may choose to have these services billed to your insurance. We are pleased to have agreements with specific pathology and laboratory companies that are willing to offer our patients significant savings for these services.
8. **Medicare and Medicaid:** If you are enrolled in Medicare and/or Medicaid you will be required to sign a one-page private contract with your provider indicating that you have been informed that medical services will not be covered. Medicare and Medicaid will still cover prescriptions and/or testing currently covered that our provider prescribes.
9. **Legal:** Any legal documents for Guardianship or Power of Attorney must be presented at the time of service. All legal documents must be original copies. If these documents cannot be provided you will be asked to reschedule the appointment.
10. **Children:** All children under 19 years of age must be accompanied by a parent or legal guardian on the first visit and any visit that requires consent for treatment. Payment in full is still required at the time of service.
11. **Appointment Cancellations:** Our business days are Monday through Thursday. Your appointment date and time are reserved exclusively for you. If you need to cancel an appointment, please provide us with advance notice of at least one full business day. If you or a dependent are scheduled for an office visit and fail to provide at least one full business day notice of cancellation or if you or a dependent fail to appear (no-show) for the scheduled office visit, you may be assessed a cancellation fee of \$50.00. We will be unable to schedule any new appointments until the cancellation fee is paid in full.
12. **Fees:** We will assess a \$35.00 fee for any check returned to our bank due to insufficient funds or for any other reason. We will assess a \$35.00 charge-back fee for any credit card transaction that is returned by our merchant banker. We reserve the right to dismiss from the practice any patient who does not pay in full at the time of service.
13. **Product Refunds:** We are unable to extend refunds or accommodate returns, for any reason, on any skin care products.

**** I/We understand that payment for services rendered is due in full at the time of service. ****