



FINANCIAL POLICY

Juniper Dermatology, PLLC strives to provide excellent care while attempting to keep healthcare costs as low as possible.

The following information is provided to help you understand your responsibilities as well as the policies and procedures of Juniper Dermatology. We sincerely hope that by sharing our financial expectations we will strengthen the practice-patient relationship and keep the lines of communication open. This financial policy helps the practice provide quality care to our valued patients. If you have any questions or need clarification of any of the policies, please call the office and ask for the billing department or the office manager.

Insurance:

- Please bring your insurance card(s) and a valid government issued picture ID with you to each appointment. It is also your responsibility as the patient to know your effective dates of coverage and benefit limitations.
- It is your responsibility to inform the practice of changes in your health insurance.
- Juniper Dermatology only bills insurance companies for which we are contracted providers. Please ask our front office staff if you have questions about whether our office is contracted with your insurance company.
- Please remember an insurance contract is made between the patient and the insurance carrier, not the physician. The ultimate obligation for payment rests with you. Although we will bill your insurance as a courtesy, this office does not accept ultimate responsibility for collecting your insurance claim or for negotiating a disputed claim. You are responsible for payment of your account.
- Assignment of Benefits and Timely Payment: your insurance carrier is required to remit payment or provide a written response within thirty (30) days of receipt of a claim. If a problem occurs with your claim, you will be asked to assist in resolving the issue.

Payment is Due at the Time of Service

- We will accept cash, checks, debit, and credit cards (MasterCard, VISA, American Express, Discover). There will be a \$35 charge for any and all returned checks. Failure to pay this charge will result in your account being labeled as delinquent and will be sent to collections.
- All co-payments, deductibles and non-covered services are due at the time of service unless you have made payment arrangements in advance of your appointment.
- Insurance required co-payments are due following your appointment. If you arrive without your co-payment, we may ask you to reschedule.
- Any patient responsible past-due balances are due when you check in for your appointment.
- If you are unable to pay at the time of service, you may speak with the business office and set up payment arrangements. All balances will be due in full 90 days from the date of service. If you fail to timely pay on the

signed financial payment arrangements without properly notifying our office, the account will be flagged as being in default and will be sent immediately to collections.

Self-Pay Accounts

- Juniper Dermatology designates accounts **Self-Pay** under the following circumstances: **(1)** patient is covered by an insurance plan that our providers do not participate in; **(2)** patient does not have a current, valid insurance card on file; **(3)** patient does not have a valid insurance referral on file (if applicable); or **(4)** patient does not have health insurance coverage.

Cosmetic Accounts

- If you are having a cosmetic procedure, payment is due at the time services are rendered.
- Certain cosmetic procedures require a non-refundable deposit. This payment is requested at the time of scheduling.

Pathology and Other Diagnostic Procedures

- Dr. Gammon is a Board-Certified Dermatopathologist and will provide and bill for slide interpretation. Juniper Dermatology will send your biopsy or surgical specimen taken to an outside laboratory for slide preparation. Patients or insurance will receive a bill from the outside lab. In addition, there will be charges from an outside lab if wound cultures or other clinical laboratory tests are ordered. Therefore, if your insurance requires the use of a specific lab, it is your responsibility to provide us with that information prior to being seen.

Referrals

- If your insurance plan has a designated primary care physician (PCP) and you are required to obtain a written referral from that doctor, you must provide the office with that referral at the time of check-in. If you do not have a current, valid referral, we may ask you to either reschedule your appointment or pay for the visit at the time of service.

Billing, Payments and Refunds

- Statements are generated on a monthly basis for any unpaid balances.
- All balances are due in full within 14 days of the statement date.
- If you cannot pay the balance in full within 14 days, please contact our Billing Manager or the Office Manager to see if you qualify for payment options.
- It is your responsibility to notify the office of any changes in address, phone, employment, or insurance coverage.
- If you make an overpayment on your account, we will issue a refund only if there are no other outstanding debts on the other accounts with the same guarantor or financially responsible party.
- We reserve the right to report delinquent accounts to credit bureaus, assess a collection fee, take other collection action, or terminate you as a patient of this practice.

- If your account is over 120 days past due and you have not made a reasonable attempt to pay, a collection agency will be retained to collect payment for all monies due with an additional (35%) fee added to cover the cost of the collection agency and administrative costs.
- If legal action is required, you agree the venue shall be in Austin, Texas. You agree to pay all collection and legal fees incurred to pursue collection of your debt. Accounts sent to a collection agency may be listed on your credit report. If your account is referred for nonpayment to an outside agency, the providers of Juniper Dermatology will no longer be responsible for providing medical care to you. Upon referral of your account, you will be notified in writing that you have thirty (30) days to establish other medical care and during that time Juniper Dermatology will only be responsible for providing emergency care.

Cancellation Policy

- Juniper Dermatology values the time of every person and family we provide care to, and we do recognize that from time-to-time cancellations are inevitable.
- Juniper Dermatology requires a 24-hour notice prior to the appointment scheduled time for cancellations. A fee of \$25.00 will be billed to the patient in the event the office does not receive proper notification of cancellation. Please note that this fee is not covered by insurance.
- Cosmetic Procedures requires a 24-hour notice prior to the appointment scheduled time for cancellations. A fee of \$50.00 will be billed to the patient in the event the office does not receive notification of cancellation and any prepaid deposit will not be refunded.
- If a cancellation fee is incurred, it must be paid prior to the next office visit. Three occurrences in a twelve-month period may result in being discharged from the practice.

I have read the Juniper Dermatology, PLLC Patient Financial Policy and I agree to abide by its terms.

Patient Name (please print)

Date of birth

Signature, Patient or Legal Guardian

Date

