

HURLEY DERMATOLOGY, P.C.
PATIENT FINANCIAL POLICY/ASSIGNMENT OF BENEFITS

Welcome to Hurley Dermatology! We are dedicated to providing you with the highest level of medical care in a compassionate, professional environment to ensure that you receive the best possible outcome. Understanding your financial responsibility is an essential component in establishing and maintaining a strong patient/provider relationship. As such, we offer the following information regarding our insurance and financial policies. All patients are expected to carefully read, sign and comply with our financial policy.

Due to the multitude of ever changing insurance plans, it is important for you to know how your plan works. Your plan is a contract between you and your insurance company. We will bill your primary and secondary carriers. However, if payment is not received within sixty days from submission, you will be responsible for the bill. **Payment for your healthcare is ultimately your responsibility. It is your responsibility to provide us with your current insurance card. It is also your responsibility to ensure that you obtain a referral from your primary care physician if one is needed. If you are treated without a referral, you will be responsible for the charges incurred.**

All co-payments, co-insurance, and deductibles are due at the time of service, prior to seeing the provider. We accept cash, checks, and credit cards (including Care Credit). Please note that there is a \$35.00 fee for returned checks. Additionally, if we expect that you may be responsible for some portion of your visit, you may be required to leave your credit card information before you see the physician, and the final bill will be determined upon check-out. *By signing this document, you are agreeing that we may charge your credit card for your liability in the event that you leave prior to your balance being settled.*

If you do not have insurance, full payment will be due at the time of service as well. If we do not participate in your plan, will be happy to bill your insurance company for you, but you will be required to pay for the visit at the time of service. After we hear from your insurance company, we will settle any differences by either refunding you or billing you any money in excess of our charges.

Unfortunately, because of the high number of high deductible insurance plans, we no longer have an open billing policy as we would prefer to dedicate our resources toward patient care instead of sending out statements. In the unforeseen event that there is a balance due after your insurance pays, we will send you a statement. Similarly, a refund will be promptly issued if necessary. If your balance remains unpaid after two statements, you will receive a letter stating that you will be referred to a collection agency if the balance is not paid within 14 days.

You will also incur a \$20 late. Lastly, if we do not hear from you within that period, you may be referred to collections and will be responsible for any fees that we incur in the attempt to collect your debt.

We believe that 60 days is ample time to settle your bill. However, if you are having financial difficulties, we do not offer payment plans, but we do offer Care Credit, a credit card which we pay the interest on. This gives you six additional months to make payments. Please let us know if you would like to utilize this option.

We will be happy to provide you with a copy of your medical records on written request. A \$25 fee will be assessed.

Our Staff will be happy to answer any questions pertaining to our Financial Policy. Thank you for allowing us to serve you.

Agreement to Financial Policy:

I have read and understand the terms of this Financial Policy. I understand that such terms may be amended from time to time by Hurley Dermatology, PC. I understand that if my account becomes delinquent, it may be referred to a collection agency and a late fee of \$20 will be assessed. My signature below indicates that I accept this policy and agree to abide by its term for my treatment at Hurley Dermatology.

Signature

ASSIGNMENT OF BENEFITS: I, the undersigned, hereby authorize and release Hurley Dermatology, PC to bill my insurance and/or Medicare on my behalf for all costs related to treatment by Hurley Dermatology, PC. Further, I authorize and request my insurance carrier to pay Hurley Dermatology, PC directly monies due to me under the terms of my policy, as a result of medical service rendered by Hurley Dermatology, PC.

Signature