

Financial Policy

Thank you for choosing Luma Dermatology for your skin care needs. We are dedicated to providing the best possible dermatologic care. Knowing your financial responsibility is an essential element of your care. With healthcare costs rising, it is essential that you understand the details of your health insurance plan. We provide an estimated cost of our most common procedures, available upon request.

Please read carefully

- 1) Insurance:
 - a. Payment of copays, co-insurance, remaining deductibles, and past due balances are due at the time of service
 - b. Charges pertaining to your visit are filed with your insurance carrier if we have valid contract. It is your responsibility to provide *accurate insurance and personal information* including any preferred laboratory cards. It is your responsibility to let us know when your insurance changes. We will also ask you to present your insurance cards at every visit for verification. Not all medical services are a covered benefit of insurance. Therefore, you will be responsible for any charges deemed not covered by your insurance.
 - c. There are certain elective services we know are generally not covered by insurance. We will always let you know of these before rendering the service. You will have the option to proceed or decline the service. We will require a signature of approval and payment at the time of service if you elect to proceed.
 - d. If your insurance requires a referral and/or authorization for a visit or procedure, the referral and authorization must be received *prior to your visit*. Your visit may need to be re-scheduled if it has not been received.
- 2) Self-pay and cosmetic: Payment is expected in full at the time of service.
- 3) Cancellation and Missed Appointments: We understand that unexpected events, illnesses, etc. occur. When this happens, call our office as soon possible to inform us of such issues. In the case of appointment **cancellations less than 24 hours before your scheduled appointment or missed appointments without notification:**
 - a) Office Visit- a **\$35 fee** will be billed to my account which is not covered by my insurance plan.
 - b) Surgical/cosmetic procedure appointments- a **\$150 fee** will be charged to my account which is not covered by my insurance plan.
- 4) Requests for Medical Records/forms (i.e., FMLA): Medical records may be sent to another provider at no charge. Printed medical records for patients are available at a **fee of \$25** with written request. If requesting that they be mailed, then the **cost of postage is additional**. FMLA, medical and other such policy forms will be completed for a **\$15 fee**.
- 5) Accepted methods of payment: Cash, Visa, Mastercard, Discover, American Express, Apple Pay, and personal checks with proper identification (valid Driver's license or photo ID).
 - a. A **\$50.00 charge** will be incurred for any insufficient funds or returned checks. In the event of a returned check, all future payments will be required in the form of cash or credit card.
 - b. If you elect to use a credit card for your services, please understand that in the event of a credit card dispute we will release the minimum necessary protected health information to your credit card company as part of the dispute resolution process.
- 6) We understand that temporary financial problems may affect timely payment of your account. If you are facing financial hardship, please let us know so that we can work together towards a mutual solution.
- 7) Failure to pay a bill may result in your account being turned over to collections. In the event that your account is turned over to a collection agency, you will be responsible for any costs incurred by collection. Collection agency fees may be upwards of 35% of your outstanding balance.