

your insurance company deny service, we will appeal. This appeal will delay the receipt of your final statement. At this point, and after we have exhausted every measure possible to obtain coverage for your visit, you will receive a statement reflecting the amount you owe for your deductible or co-insurance.

MEDICARE AS SECONDARY INSURANCE

If Medicare is the patient's secondary insurance coverage, DPNS will file first with the primary insurance carrier. We will then file for your supplemental Medicare coverage and coordinate benefits with your secondary insurance carrier.

MEDICAID-Our office does not participate with Medicaid/Public Aid. This means the patient would be responsible for this portion of the bill.

CO-PAYMENTS AND OTHER FEES

Office co-payments are due at the time of service for every appointment with the physician. Unless otherwise stated by your insurance company, in addition to a required co-pay at each visit, other fees may be applicable. These include:

- ❖ Encounter/office visit fees
- ❖ Yearly deductible/Annual out-of-pocket amount
- ❖ Cosmetic Services and/or product purchases

The amount of the charges that are covered by insurance is determined by your insurance carrier and the type of policy you have. In order for your visit to be covered, you must meet the medical-necessity guidelines established by your insurance company that spell out which services are part of your specific policy.

Please be aware that the amount you pay during your visit may not be all you owe. Your final responsibility will be determined after your insurance company has processed and paid your claim. At that point, DPNS will bill you for the outstanding balance.

QUESTIONS REGARDING FEES

We welcome inquiries regarding surgery or other medical care and encourage such inquiries before the care has been rendered. Your questions should be directed to the DPNS Billing Department at billing@dpns.net or 847-272-4433 option 5.

Dermatology Partners of the North Shore, L.L.C.

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FINANCIAL **POLICY**

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Providing us with accurate information at the time of service facilitates the filing of claims and reimbursement. As you know, health care/insurance has become quite complicated, and the processing of insurance claims in managed health care is a cumbersome process. Your cooperation in providing us with a copy of your insurance card when requested will allow us to process your claim correctly and in a timely manner.

DPNS participates in most managed care plans. However, the ultimate responsibility is for the patient to contact their insurance and find out if our providers would be considered in-network. Because insurance plans are constantly changing, we encourage you to read any booklets you may receive and talk to your employer's plan administrator. The insurance contract chosen by you or your employer defines the extent to which medical services are covered. We encourage you to be well informed about your health insurance plan. Many of these plans have a co-pay that can be a specified dollar amount or a percentage of charges for the visit, as well as in-network and out-of-network requirements. We may have to contact you in the event that we experience problems with your insurance company.

As a courtesy to our patients, we accept and file claims for numerous insurance plans. However, we cannot know in advance how each and every insurance carrier will process the charges submitted for procedures. In-office procedures are not subject to prior authorization. It is very important that you understand your insurance plan. When you have a scheduled procedure, call your insurance company if you wish to know whether or not a given procedure is covered by your policy or if the visit is subject to your deductible or co-insurance. DPNS provides information to you as a courtesy, but ultimately, it is the patient's responsibility to be aware of what their insurance plan covers.

We will be happy to furnish procedure and diagnosis codes that you may need should you decide to call your insurance company in advance to find out whether a procedure is covered under your plan or whether or not you have a surgical deductible the codes provided are only an estimate and not a guarantee of coding to be done at the actual visit. We advise that you get the name of the person you speak with when contacting your insurance company in case you need to follow up. For unscheduled procedures, that are determined to be medically necessary by your physician during your office visit, we do not call your insurance company to verify coverage before the service is provided.

PATHOLOGY and CULTURE SPECIMENS

We send specimens for biopsies and cultures to Consolidated Pathology or North Shore University and file these to your insurance. Private-pay patients will be required to pay the fees involved for the specimens to be processed. All tissue removed excluding skin tags will be sent out for pathology.

SELF-PAY OR NO INSURANCE

Patients without insurance coverage will be asked to make payments at the time of service, unless the business office manager has approved other specific arrangements. If you are a private-pay patient, DPNS requires a deposit of \$135 for a new patient and \$95 for an old patient prior to seeing one of the doctors. It is very important to ask your doctor about the cost of services recommended prior to the service being provided. After seeing the doctor, you will be asked to pay any additional amounts due for services rendered or you will be refunded any overpayment if the charges are less than the \$135.00/\$95.00 deposit.

MEDICARE

DPNS will file all claims for patients with a registered Medicare number. Since DPNS participates with Medicare, the payments will come directly to our office. You will receive a statement from DPNS after your primary and secondary (if applicable) insurance carriers have paid their portion. Should

Other points of interest:

- ❖ Payments may be made by cash, check or credit card.
- ❖ If you are a private-pay patient at the time of service, DPNS requires a deposit of \$135 for a new patient and \$95 for an old patient prior to seeing an MD.
- ❖ The fee for a returned check is \$30, plus the balance of the account.
- ❖ A deposit of \$135 for a new patient and \$95 for an old patient will be collected for patient's which have insurance that require a REFERRAL and a valid one isn't presented at the time of check-in. Once the referral is received the deposit will be refunded less any money due.
- ❖ Note: that by taking a copy of your insurance card that does not mean that we are participating in your plan. Any balances incurred as a result of our office being out-of-network are patient responsibility.

INSURANCE CARDS

Please be prepared to show your insurance card and photo identification at every visit. We will keep a copy of your insurance card on file. It is the patient's responsibility to provide DPNS with up-to-date insurance information. In the event a patient does not present an insurance card at the time of visit, a deposit in the amount of \$135 for new patients and \$95 for old patients will be charged in advance of seeing the physician.

PAST-DUE ACCOUNTS

Patients who have not made an effort to make or maintain payment arrangements or who have not expressed an interest in meeting their financial obligation to us may be turned over to a collection agency and reported to the credit bureau and to the Attorney General's Office of the State of Illinois. Accounts that are more than 90 days old may be assessed with a 1.5% finance charge. Any balance amount over 90 days must be paid in full before new charges may be added to the account.

MISSED/SAME DAY CANCELLATIONS

We charge for missed and same day cancellation appointments. Fee's range from \$35-\$75.

PROCEDURES PERFORMED IN THE OFFICE