vail | aspen | breckenridge | glenwood dermatology

PO Box 2736 Edwards, CO 81632 | p. 970.926.9226 f. 970.926.8755

PATIENT OWED BALANCES POLICY / BILLING AND LAB CONSENT FORM

Dear Patients:

This form and your signature below serves as formal notification of our patient balance-billing policy. Every insurance plan is different. We strongly recommend that you check with your insurance carrier regarding your plan's benefits and coverage. You may also want to check with your insurance company prior to consenting to laboratory / pathology testing or, in-office procedures, to determine what will be covered. Any price and/or network coverage information given by our staff is not a guarantee of coverage and the terms of your insurance plan controls.

In Office Procedures: Additional Charges:
Routine in-office procedures include but are not limited to biopsies, injections, destruction of pre-cancerous and non-cancerous growths and surgical removal and repair of cancerous and non-cancerous growths and Mohs surgery. These are billed separately from your office visit and may or may not be covered by your insurance or be applied toward your deductible.

Laboratory / Pathology Services: Additional Charges:
Your provider will order the laboratory tests that they believe are necessary to provide the best plan of care to you. Routine laboratory services include pathologic evaluation of skin biopsy or excision specimens and scrapings. These readings are done through outside pathologists and are billed separately by that facility.

Acknowledgements:
vail | aspen | breckenridge dermatology cannot change the CPT (procedural) or ICD-9 (diagnosis) codes to accommodate a patient whose insurance will not pay for preventative care or lab / pathology services. These billing processes are federally regulated and changing codes constitutes fraud.

Once we have received payment in full from your primary insurance (and secondary carrier if you have additional coverage), you will receive a bill for the patient-owed portion of the bill. These balances are usually for unpaid copayments, non-met deductibles, or non-covered services per your plan's benefits.

We will bill you once all charges for a date of service have been paid by your carrier(s). You may still have claims that are being processed for other dates of service. However, we bill you based on a specific date of service for which insurance payments have been received in full in order to clear the remaining balance for that date of service. Please note, occasionally you may receive a partial bill if we are appealing a denial with your insurance. It is the policy of this office to send three statements. The statements are sent at 30-day intervals. If no payment is received on your account during the 90-day period, you will receive a courtesy call from our billing specialist and a collection letter will be mailed. If no payment is received after 30 days then your account will be turned over to collections without additional notice. If this happens, you will be responsible for all costs of collection, including but not limited to interest, rebilling fees, court costs, attorney fees and other collection agency costs. The collection agency we use is CSI (Credit Systems Inc). CSI is located in Colorado Springs and can be reached at 1-800-873-5655.

For your convenience, accounts can be paid using cash, check, American Express, Discover, MasterCard, or Visa. You can indicate your credit card information on the statement or call our offices at (970) 926-9226. We also have a bill pay feature where we can securely place your credit card on file and then call you once you have a balance due and charge the card.

Your signature on this form acknowledges your understanding of this policy. We thank you for choosing vail | aspen | breckenridge dermatology for your dermatologic care.

_____/_____ _____/_____ Patient / Agent / Guardian
Signature Date of Signature Witness Signature Date of Signature

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