

Houston Dermatology Specialists (HDS) Financial Policy and Procedures

Patient Responsibilities

1. To know and understand the terms, guidelines, and limitations of their insurance plan including their copayment, coinsurance, and deductible.
2. To provide proof of insurance (Driver's License and Insurance Card) before seeing a physician. All patients are required to present this information at every visit.
3. To pay any and all verified deductibles, co-insurance, and co-pays at the time of service.
4. If your insurance requires a referral, it is your responsibility to provide the referral prior to your visit.

Credit Card on File Notice

Houston Dermatology Specialists utilizes a convenient payment policy using a credit or debit card held on file. Your card information will be held securely and for your convenience used if there is any remaining balance after your visit with Houston Dermatology Specialists.

Our office personnel will not have access to your card information. Our electronic health record stores credit card information via PayJunction, a secure credit card processor. Only the last four digits of your card will show in our system.

Payment Collection

1. Self-Pay Patients

You are responsible for the entire amount of the bill at the time of service. The patient agrees to pay the balance in full at the time of service. Credit card on file may be used to process outstanding balances and/or no show/cancellation fees.

2. Patients with Insurance

You are responsible for all deductibles, co-insurance, and co-pays at the time of service. We will work to provide you an estimate of your final amount owed at the time of your appointment based on benefit information available. Once the insurance claim is processed, if additional money is owed to Houston Dermatology Specialists, the credit card on file will be processed immediately to pay the remaining payment. The patient agrees to pay the balance in full at the time of service and to have card processed for any remaining balance. Credit card on file may be used to process co-payments, deductibles, co-insurance, outstanding balances, and/or no show/cancellation fees.

No Show or Cancellation Fee

We strive at Houston Dermatology Specialists to maintain a well-balanced schedule and provide each patient with the time needed for their medical concern. As such, there is a \$50 charge applied to your credit card on file for cancelling your appointment with less than 24 hours' notice or for not showing to your appointment. Note that if you are more than 20 minutes late to your scheduled appointment, there is the chance that we will not be able to fit you in our schedule for the day. In such case, this would be considered a missed appointment and the no show fee will apply. For Monday appointments, your appointment must be cancelled by noon on Friday. For surgery patients, this fee is \$100.

Surgery Deposit Fee

All surgical appointments at Houston Dermatology Specialists require a \$100 deposit to hold your appointment. This fee will be applied to your final owed amount. If nothing is owed at the time of your visit, this amount will be refunded to you on the day of your surgery.

Cosmetic Fees and Products

All product sales and cosmetic charges are final (no exchanges or returns allowed).

Pathology and Lab Fee

Surgical procedures and biopsies will result in the physicians at Houston Dermatology Specialists sending your tissue sample to an outside lab for a diagnosis by a pathologist, who is not directly affiliated with the office. This is necessary for your medical care and for an accurate diagnosis and treatment plan. There will be a charge for the physician performing the biopsy or surgery at Houston Dermatology Specialists and another for the pathologist at the outside facility. Houston Dermatology Specialists’ billing team is not affiliated with this outside lab and it is the patient’s responsibility to determine the level of coverage and/or payment for these services. The physicians at Houston Dermatology Specialists may also order lab work as part of your ongoing medical treatment. Lab work will be performed at an outside lab such as Quest or LabCorp. It is the patient’s responsibility to determine their level of coverage and/or payment for these services.

Other Procedures

There may be outside fees for specialized procedures associated with your visit that are not covered by your co-pay or co-insurance. This includes biopsy of skin lesions, treatment of lesions with cryotherapy or Canthacur, intralesional or intramuscular injection of medication, electrodesiccation and curettage, excision, and Mohs surgery. Cosmetic treatment of skin lesions is not covered by insurance under any circumstances. Payment of all of these services is due at the time of procedure.

By signing below, I acknowledge that I have read and fully understand and agree to the Houston Dermatology Specialists Financial Policy.

Signature: _____ **Date:** _____

Printed Name: _____

(Parent/guardian authorizes and signs on behalf of _____ (name of minor)

Card on File Authorization

I agree to allow Houston Dermatology Specialists (HDS) to charge my credit card on file for any patient balance due for all services provided by HDS to the patient(s) listed on this authorization. I acknowledge that:

- My credit card on file will only be charged for the remaining patient responsibility not paid by insurance, after applicable insurance has been applied or for no show/cancellation fees.
- I will receive a receipt for each payment detailing the amount charged to the email address on the account.
- My credit card on file will be charged for services rendered to the patient and any patient(s) who have combined billing and statements with the patient below.
- My credit card on file will be securely stored by HDS and/or the practice's trusted service providers to facilitate collection of payments.
- All information I have provided in connection with this authorization is true and accurate. I certify that I am an authorized user of the credit card on file.

Signature: _____ **Date:** _____

Printed Name: _____

(Parent/guardian authorizes and signs on behalf of _____ (name of minor)