

Advanced Dermatology and Skin Surgery, P.A.
Office Policies

Thank you for scheduling an appointment with Advanced Dermatology. We are committed to your treatment and well being and will work hard to serve your needs. In order to make your visit as pleasant and productive as possible, please review our office and financial policies, which we require you read and sign prior to any treatment.

- Complete the **Patient Registration and Medical History** prior to your arrival.
- If applicable bring your current insurance card(s).
- Bring a photo ID.
- Bring all medical records, list of current medications and/or other tests related to your visit.
- If your insurance company requires a pre-authorization for this visit, you must obtain the authorization form and present it at your time of visit.
- All new patients are asked to arrive 15 minutes prior to the scheduled appointment time.

Appointments

Appointments may be made Monday through Friday by calling (828) 274-4880, press 5. When scheduling an appointment, the receptionist will gather information to ensure enough time is allocated for your visit. Please arrive for your scheduled appointment on time. Patients who arrive more than 15 minutes after their scheduled time will be worked into the schedule and seen as soon as possible; but there may be a lengthy wait.

If you are unable to keep an appointment please call us at least 24 hours in advance so we may use your appointment time to accommodate other patients. If you do not keep your appointment or if you cancel the same day of your appointment there will be a \$50.00 charge.

Office Hours

The office is open Monday-Friday 8 AM-5 PM. On days of inclement weather please call the office before leaving for your appointment to hear a recorded message concerning whether the office will be closed or opening late.

Emergencies

Emergencies will always be given priority. During office hours, call (828) 274-4880. Should a true emergency arise after office hours, call (828) 259-5008.

Prescriptions and Refills

Prescriptions and refills are only issued during regular office hours before 4:00 PM. Calls received after 4:00 PM for routine refills will be handled the next business day. Pain medications are not refilled after hours. We want to process requests for prescription refills as quickly as possible. When a prescription needs to be refilled, please call the pharmacist to check and see if there are refills authorized. If there are no refills, call our office. We may call in a refill or request that the patient first be seen by Dr. Zivony. When you call for refills please have available the patient's name, address, date of birth, name of medication, the pharmacy name and phone number. Please contact the office before any medication has completely run out.

Fees, Payment Policy and Insurance

For each visit to our office, we will ask you to provide the information needed to verify your insurance coverage and file your insurance claim. If you are unable to provide adequate insurance information, we will require that you pay in full for services rendered at the time of the visit. **Deductibles, coinsurance, and co-payments are due at the time that medical services are rendered.**

(over)

Advanced Dermatology & Skin Surgery accepts cash, personal checks, debit cards, Visa and MasterCard. CareCredit financing is available. The office will not accept post-dated checks. There is a \$20 charge for all returned checks and you will then be asked to pay cash or money order for all future appointments. Delinquent accounts will be charged an additional fee of 28% of amount owed.

Our office will file for payment with your insurance carrier. Because your insurance policy is a contract between you and your insurance company, it is your responsibility to know and understand your plan's requirements and policies regarding co-payments, co-insurance, deductibles, and benefits. Should your insurance carrier deny a claim, we will make a reasonable attempt to help you resolve the disputed issues. In the event your health plan determines a service to be "not covered"; you will be responsible for the complete charge. In that event we will bill you, and payment is due upon receipt of the statement. Please keep copies of all billing information so that you can follow-up with claims with your insurance company if it becomes necessary. If your insurance carrier has not paid in FULL within 45 days the balance due may become your responsibility.

If an overpayment occurs, your account will be credited, you may either leave that amount on your account as a credit or request a refund providing there is no outstanding balance owed on your account. Please allow 10-14 business days for refunds to be processed and mailed to you.

Medicaid

Medicaid patients must present a current Medicaid card and be prepared to pay any applicable co-payments. If you do not bring your current Medicaid card and applicable co-payment, your appointment will be rescheduled.

Usual and Customary Rates

Our practice is committed to providing the best treatment for our patients, and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determinate of usual and customary rates.

Minor patients

A parent or guardian must accompany a patient under the age of 18 and are responsible for consent of treatment and full payment. Unaccompanied minors will not be treated.

Medical Records

A signed authorization is needed to release medical records. Please allow 72 hours to process medical record requests.

In Closing

Good medical care results from mutual understanding, respect and trust. Our goal is to provide you with the highest quality care possible. Should you have any questions, comments or suggestions on how we may improve our service, please let us know.

I have read and understand the financial and office policy of the practice and I agree to be bound by its terms. I hereby authorize Advanced Dermatology & Skin Surgery to collect financial information arising from my treatment. This includes, but is not limited to, hospital and laboratory services. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature of Patient or Responsible Party if a Minor

Date

Please Print the Name of the Patient