

Financial Policy

Insurance:

As a courtesy to our patients, we will gladly file the forms necessary so that you receive the full benefits of your medical coverage. We ask that you read your policy to be fully aware of any limitations of the benefits provided. If you are concerned about coverage for any of our services, please contact your insurance company prior to your visit. If your insurance company denies coverage, or we otherwise do not receive payment 30 days from filing your claim, the amount will then become due and payable by you. Remember that your coverage is a contract between you and your insurance company and/or your employer and your insurance company. Although we will make a good faith effort to assist you in obtaining your benefits, we cannot force your insurance company to pay.

Financial Arrangements:

Because we realize that every person's financial situation is different, we provide a variety of payment options.

For your convenience, the following options are available:

- Cash or check (returned checks will be subject to a \$45 returned check fee. If the check is returned for any reason, your account becomes due and payable within 7 days.)
- Visa, MasterCard & American Express – For your convenience, we have made arrangements to accept payment by Visa, MasterCard, Discover and American Express.

Payment Plan – Arrangements may be made, if you qualify for a monthly payment plan for balances of \$200.00 and more upon request and at the approval of our Doctor and Financial Coordinator.

Appointments/Cancellations:

We gladly reserve appointment times for you as a courtesy; we will attempt to remind you of your appointment by calling and/or emailing you 2 days prior to confirm your scheduled date and time. If we cannot speak to you directly, we will leave a message for you. However, in the event your mailbox is full or your line is busy, our efforts to contact you may be unsuccessful. An appointment is a contract of time reserved for your treatment. We respect our patient's valuable time and we request the same courtesy from our patients. Please extend this courtesy should you need to cancel and/or reschedule your appointment. We reserve the right to charge \$75 for appointments cancelled or broken without 48 hours advance notice.

Patient/Parent/Guardian Responsibility:

I understand that whoever accompanies my child to their dermatology appointment has authorization to consent to medical care as needed, and is responsible for payment of medical services.

I acknowledge my responsibility for payment of all dermatology services provided by Dr. Narra in accordance with the practice's fees and terms.

In the cases where a parenting plan exists, the parent that brings the child in for the appointment is considered the guarantor and is responsible for payment. They may then seek reimbursement from the other parent.

Late Fees:

I understand that my account becomes delinquent if not paid within 30 days after billing and at that time the unpaid balance will be subject to a finance charge of \$25 per month. Any further delinquency will warrant the account being assigned to a collection agency and possibly the addition of further charges.