

FINANCIAL POLICY
V. LIGHTNER FAMILY DERMATOLOGY
82 Wheaton Ave., Youngsville, NC 27596 (919) 562-8887

Thank you for choosing **Virginia Lightner Family Dermatology, P.A.** as your health care provider. It is our goal to meet patient needs and address patient concerns effectively. Areas of primary concern for all patients are the financial policies of the practice, especially those pertaining to insurance billing and patient payment requirements. In an effort to keep patients informed about such policies, we ask that all patients read and sign a copy of our Financial Policy prior to receiving treatment.

As in all aspects of healthcare today, the greater role the patient assumes in the healthcare process, the higher the degree of satisfaction achieved. For that reason, we expect our patients to take an active role in their healthcare management, including the area of finances.

PAYMENT POLICY AGREEMENTS are presented for completion and signature.

PAYMENTS are expected at the time services are rendered. This includes all deductibles, co-insurance, co-payments and any non-covered services, such as cosmetic procedures. Patients who have an insurance carrier with whom the practice has a valid contract will be responsible for all fees as outlined in the patients' contract agreement. Payment plans must be requested prior to services being rendered and are available only to established patients. Failure to meet any portion of the plan (ie.: due date, amount stipulated) will cause the payment plan to be void and payment of the full balance will be due immediately.

INSURANCE is filed for all primary and secondary carriers for whom the practice has a valid contract. The patient is responsible for filing claims for carriers for whom the practice does not have a valid contract. This includes all carriers who are secondary to Medicare that are not Medigap crossover carriers.

RETURNED CHECKS will result in a **\$25.00** service charge. The check amount plus the service charge is to be paid within **10 days** of notification. Failure to pay in full in 10 days will result in collection through the magistrate court.

CREDIT CARDS are accepted for Visa and MasterCard only. There is a minimum requirement of \$20.00 for each transaction.

NOT SHOWING FOR AN APPOINTMENT will result in a \$40.00 charge. The courtesy of a phone call prior to the appointment time is required to avoid this fee. We call to confirm appointments two days in advance as a courtesy; however, it is YOUR responsibility to keep your appointment. Emergencies are considered on an individual basis. Contact our office as soon as possible to discuss any emergency situation which caused you to miss an appointment.

STATEMENTS & BILLING CORRESPONDENCE are sent to update the patient as to the status of the account and whether your insurance company has fulfilled their obligation to you, the policy owner, to pay claims in a timely manner. A \$10.00 Administration Fee will be added to office visit fees which are not paid at the time of service and must be billed.

DELINQUENT ACCOUNTS are placed for collection **90 days** from the date the services were rendered or from the date of the first billing statement, whichever applies. Patients having financial difficulties are encouraged to discuss them frankly with our Practice Manager before the account becomes delinquent.

MOTOR VEHICLE ACCIDENT CLAIMS are not filed.

WORKERS' COMPENSATION CLAIMS are filed only if verification can be completed. The patient is responsible for providing all necessary information.

I have read the Financial Policy of **Virginia Lightner Family Dermatology, P.A.** I understand and agree to adhere to the policies as outlined.

Signature of Responsible Party

Date

Witness

Date