

# LACKAWANNA VALLEY DERMATOLOGY ASSOCIATES, LIMITED

## FINANCIAL POLICY

Thank you for choosing our practice! We are committed to providing you with successful treatment and care of your dermatology needs. Understanding our financial policies is an important factor in your treatment and care.

### **INSURANCE INFORMATION:**

Our office will file a claim with your insurance company promptly, provided you provide us with all of the pertinent information regarding your insurance. Of course, insurance coverage varies widely, and we cannot guarantee what services will or will not be covered by your particular plan. You are ultimately responsible for your medical expenses, including any co-payments, coinsurances and deductibles. You are also responsible for informing our office if your insurance coverage has changed since your last visit.

Participating Insurances - We currently participate with Novitas Solutions, Inc/formerly Medicare, Railroad Medicare, Highmark Blue Cross/Blue Shield, Freedom Blue, Geisinger, Geisinger Gold, Aetna, Aetna Medicare, Tricare, Humana Medicare Advantage, Coventry (Health America & Health America Advantra), UPMC Health Plan, and select commercial insurances limited to networks such as: Multiplan and PHCS.

Referrals - Referrals are the patient's responsibility. If your insurance requires a referral, please be sure to have it at time of check-in on the day of your visit.

Self Pay - Payment is due in full at the time of your visit.

Worker's Compensation - We do not schedule worker's compensation visits.

### **PAYMENT OPTIONS:**

We accept cash, personal checks, MasterCard, Visa, American Express, and Discover for payment.

### **FORM COMPLETION:**

There is a \$15.00 form fee for all forms filled-out by our practice. Completion of forms takes 7 to 10 business days. Forms must be picked up at our office; they cannot be faxed or mailed.

### **PAYMENT INFORMATION:**

Payment for service is due at time of service. **It is important for you to know that if your insurance coverage has a co-payment And you do not have your co-payment at the time of your appointment, services will not be rendered and your appointment will be rescheduled.**

Returned checks - A returned check fee will be added to your account for returned checks we receive. You will be asked to pay the returned check fee as well as your account balance immediately.

Past due accounts - Patients who have not made an effort to pay promptly on their account may be turned over to a collection agency. Patients who have allowed their account to be turned over to our collection agency will be expected to satisfy their financial obligation to us before returning to our office.

Our billing department is available to discuss any billing questions or concerns you have. You can reach the billing department at **(570) 207-7240 ext. 220**, Monday through Friday from 7:30 am to 4:00 pm.

Minor patients: The legal parent or guardian accompanying a minor child is responsible for payment.

**I have read and understand Lackawanna Valley Dermatology Associates, Limited's Financial Policy as outlined above and agree to adhere to its terms.**

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Patient or Responsible Party's Signature

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Date