



Gerald N. Goldberg, MD
Tracy L. Thomas, MD
Duane C. Whitaker, MD
Kathleen A. Strickland, NP-C
Jennifer A. Allison, MPA-C
Liza S. Byrne, MPA-C
Lynne Coulter, Cosmetic Director

5150 East Glenn Street
Tucson, Arizona 85712

520.795.7729
FAX 520.795.4177

www.pimaderm.com

Payment Policies

Welcome to Pima Dermatology. We are committed to providing you with quality and affordable health care. Please understand that payment of your bill is part of this treatment and care.

Proof of Insurance:

All patients must complete our patient information form. We must also obtain a copy of your driver's license and current, valid insurance card to provide proof of insurance.

Contracted Plans:

We participate in many insurance plans. If you are insured by a plan we are contracted with, you will be billed according to guidelines established by the insurance company. If you are insured by a plan we are contracted with, but do not have an up-to-date insurance card or are unable to provide proof of insurance, payment in full for each visit is required until we can verify your coverage.

Non-Contracted or Commercial Plans:

If you are **not** insured by a plan we are contracted with, payment in full is expected at each visit. We will prepare and send a claim as a courtesy for you. Knowing your insurance benefits and which medical providers are a part of your insurance network is your responsibility. All out of network charges are your responsibility at the time of service. Please contact your employer or insurance company prior to your appointment with any questions you may have regarding your coverage.

Co-payments:

All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure to do so can be considered a breach of your contract with your health plan. Co-payments will be collected at patient check in.

Non-Covered Services:

Please understand that some or all, of the services you receive may be non-covered or not considered "reasonable" or "necessary" by your insurer. Keep in mind that a medical necessity is not the same as a medical benefit. A medical necessity is something that your insurance plan has agreed to cover.

In some cases, your medical provider might decide that you need medical care that is not covered by your insurance policy. Insurance companies determine what tests, drugs and services they will cover as part of an individual plan. Your insurance company's choices may mean that the test, drug or service you need isn't covered by your policy. While our office may be aware that these restrictions could exist, unfortunately, we will not be able to know for certain if your insurer will "cover" your services. However, if, in our opinion, the service you are receiving may not be covered, you will be asked to pay at the time of service. It is your responsibility to understand the terms of your individual insurance plan and the services which are covered, are not covered, or have limited coverage. You may be responsible for payment of any services considered non-covered by your insurance plan.

Claims Submission:

We will submit your claims and assist you in any way reasonably possible to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. If we are unable to get a satisfactory response from your insurance company within 60 days, the balance will become your responsibility.

Uninsured:

Patients not covered by health insurance are expected to pay in full at each visit, without exception.

Statements:

Statements are mailed every 30 days. Payment in full is due upon receipt. Accounts with balances remaining after receiving two (2) statements are considered overdue. If your account is 60 days past due, you will receive a letter stating you have 10 days to pay your account in full. You may receive a second letter if the balance remains unpaid. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. If patients are sent to collections, they are discharged from the practice after 10 days.

Past Due Balance:

Any balance more than 60 days old will be considered past due. Once a balance is past due, payment will be required before your next appointment. We ask that you please make a payment over the telephone when scheduling your appointment. Failure to make payment on a past due balance before your next scheduled appointment will result in the cancellation of your appointment and you will need to reschedule once payment is made.

No Show Policy:

All scheduled appointments that are not cancelled 24 hours prior, may be subject to a \$40.00 fee.

Returned Checks:

Checks written at the time of your visit or mailed as payment on an account balance that are returned by the bank will be assessed a \$25.00 Returned Check Charge. The original check amount plus the Returned Check Charge must be paid within 15 days by credit card.

The undersigned patient has reviewed and understands the above information.

Signature of Patient: _____

Printed Name: _____

Date: _____