

# *Sexton Dermatology*

*Dermatology & Dermatologic Surgery*

## **OFFICE POLICIES**

### **RELEASE OF INFORMATION POLICY:**

Please refer to our “notice of Privacy Practices” and Acknowledgement of Receipt of Notice”

### **PAYMENT POLICY FOR MEDICARE PATIENTS:**

Our doctor is a provider for Medicare and assignment is accepted for medically covered services. Patients are responsible for meeting their annual deductible and paying for the 20% co-payment. We do file with supplemental carriers. In the event that your secondary insurance does not pay within 45 days, you may be billed directly. Our office does **not** participate with **MEDICAID**.

### **PAYMENT POLICY FOR HMO AND MANAGED CARE OR PPO PATIENTS:**

You will be responsible for paying your **DEDUCTIBLE, CO-PAYMENTS** AND CHARGES FOR ALL COVERED, cosmetic and surgical services. It is **your** responsibility to sign and forward any checks sent to you for payment to our office, if you should receive them for services that were rendered by our physician. If a service is determined not to be covered at the time of your visit, full payment is expected at the time that the service is rendered. Our office does **not** participate with **MEDICAID**.

### **PAYMENT POLICY FOR COMMERCIAL INSURANCE PATIENTS:**

Patients who are on plans which we are not providers are expected to pay 100% of the total bill at the time that the service is rendered. If you choose to still file with your insurance, we will provide you with the necessary information to do so.

### **PATHOLOGY AND LAB FEES:**

**Diagnostic fees from Outside labs are the patient’s** responsibility. You may receive a bill from an outside source such as Quest Diagnostics, Lab Corp., Emory, or Athens Regional Medical Center. If you have questions about a bill you have received from one of these labs, please call the phone number listed on the bill.

### **CANCELLATION/ NO SHOW POLICY:**

#### **OFFICE:**

All office appointment cancellation requires at least 24 hours notice unless an emergency (documented) arises. Failure to give a 24 hour cancellation notice will result in a \$35.00 office visit assessment. Call **706-552-1226** to cancel.

#### **SURGERY APPOINTMENTS:**

All surgery appointment cancellation requires 48 hour notice unless an emergency (documented) arises. Failure to give 48 hour cancellation notice will result in a \$100.00 assessment.

**INSURANCE FILING:**

Our office will file **PRIMARY** and **SECONDARY CLAIMS ONLY** as long as we are participating in your plans.

**BILLING:**

Statement will be sent monthly, you will only receive two statements before your account is turned over to a collection agency. Payment arrangements can be scheduled.

***I the undersigned understand the office policies as noted above. I have had a chance to have all of questions answered to my satisfaction and agree to abide by the policies listed above.***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Patient Name