



Patient Responsibilities and DTDA Financial Policy

Dear Patient:

- 1) If you are insured, please provide us with your most current plan information, including any secondary coverage you may have in place. We ask that you bring your insurance card and photo ID to every appointment; we are required by law to confirm your identity when you check in.
- 2) **You are responsible for knowing if you are covered for services provided by our office, in other words, that we are in your insurance network. You may call your insurance or check their website to confirm our office is in network. You will need to provide our Tax ID number: 82-3006606**
- 3) If you are a self-pay patient, payment in full for services provided are due that day.
- 4) Referrals from your Primary Care Physician must be in place if your plan requires one. If you do not have a current referral in place, your visit will not be covered by your insurance and you will be responsible for paying the amount due for the services provided. **It is your responsibility to know if your plan requires a referral and to request one be sent to our office before your scheduled visit.**
- 5) Medical insurance is a contractual agreement between you and your insurance carrier. Co-payments are required to be paid at the time of service, and are due at each visit. We are also under a contractual obligation to your insurance company to collect all deductible, co-payment and co-insurance amounts.
- 6) We urge you to review your insurance benefits so that you are aware of what your co-payments, deductibles, and co-insurances are and what services are covered under your plan. We will bill both your primary and secondary insurance plans. You are responsible for notifying us of any insurance changes. If payment is not received from your insurance company due to failure to provide our office with up-to-date coverage information, you will be responsible for the full amount due.
- 7) Any biopsies performed during your visit will be sent to CU Derspath. You will receive a separate charge from them for processing and interpretation of any biopsies sent. A biopsy or removal of an otherwise non-concerning skin lesion (such as a raised mole) will be sent for pathology unless otherwise advised by the physician.
- 8) Medication refills need to be requested of your pharmacy. If they are unable to help you, please call the office. Refills will be handled during office hours only. The on-call doctor does not handle routine medication refills.
- 9) There will be a \$20.00 fee assessed for all returned checks.

We will be happy to clarify any questions or concerns you may have after reading this document.

Patient's Signature _____ Date _____

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