

## **FINANCIAL AND OFFICE POLICIES**

WELCOME!

We would like to thank you for selecting Atlantic Dermatology LLC for your Dermatologic care. Our goal is to provide you with the highest quality medical care in an efficient and pleasant manner. We have a wonderful medical staff that can assist you with any questions you might have.

Please take a moment to read and acquaint yourself with our financial and office policies.

**INSURANCE:** Due to the complexity of insurance billing and the requirements to minimize our costs to our patients, we have instituted the following policies.

1. We are contracted with Medicare, Medicaid and several other major insurance carriers. Please check with your insurance carrier or our office to see if we participate in your particular plan. It is important that the patient know the provisions of their insurance coverage, the yearly deductible, co-pays, and the need of prior authorization for visits or procedures.
2. Payment of co-pays and deductibles are required at the time of service. The patient will be responsible for all charges and co-pays not covered by their insurance.
3. If we do not participate with your insurance carrier, we require payment at the time of service.
4. We are required either by law or contractual agreement to file insurance forms for certain carriers. As a courtesy, our office will file all primary insurance forms and secondary payer forms as warranted by law or contractual agreement.
5. Patients having no insurance coverage are expected to pay in full at the time of service.
6. Procedures, deemed cosmetic in nature by the Physician require payment in full at time of service. Patients will be informed of the cosmetic nature of the procedure before service is rendered. Cosmetic procedures are not billed to the insurance carriers.
7. Please notify the receptionist if there are changes in demographics or insurance upon signing in at the front desk.

### **METHODS OF PAYMENT:**

1. Payment may be made by cash, check, debit or credit card.
2. We accept VISA, MasterCard, Discover and American Express.
3. Special needs are understood by this office. It may become necessary to set up a payment plan. If this situation is necessary for you, please bring this to our attention as soon as possible and discuss it with the Office Manager.

## **APPOINTMENTS**

**We appreciate how valuable your time is and we try to accommodate you as much as we can in the scheduling of appointments. We strive to keep on time for our appointments; therefore, your cooperation will be greatly appreciated to help us achieve that goal by being on time for your appointment. We appreciate your efforts in helping our office to stay on schedule by arriving at your allotted time. Remember, if you are late, it makes us late seeing our next appointment. Please understand if a patient has not been seen for 3 years, the patient will be considered a new patient. Failure to give 24 hour notice of cancellation or a missed appointment will result in a \$50.00 charge.**

1. Appointments must be made to see the Doctor.
2. We are scheduling appointments 3-4 months ahead. It is advised that you make your follow up appointment when checking out to avoid delay in getting an appointment when you are due back.
3. We have a cancellation list in the event you have a situation which requires immediate care. Ex: Rapidly changing growths, severe or painful rashes, wounds that may be infected/oozing.
4. Please plan to arrive 10 minutes prior to your scheduled appointment time, to update medical and demographic information.
5. Should you need to cancel an appointment, please do so 24 hours in advance.
6. In the event you are scheduled for surgery and need to cancel please do so 5 days in advance. We understand there may be a time when you are unable to do this for some unforeseen reason.
7. Missing two appointments or repetitively canceling appointments on short notice may lead to termination of our professional relationship.
8. Please bring a list of your prescriptions and non-prescription medicines along with any herbals, vitamins, or alternative prescriptions used as well as a list of prescriptions needing refilled and a list of your allergies.
9. Bring your insurance cards, and any form which authorizes your visit, if required.
10. Please visit our web site at [www.smallwoodkmd.com](http://www.smallwoodkmd.com) where many of our forms and questionnaires are available and can be filled out prior to your visit.

## **APPOINTMENT REMINDERS**

1. You will receive an appointment reminder card upon checking out at the front desk.
2. You will receive a reminder call from our front office two days prior to your appointment.

## **PRESCRIPTIONS**

1. We will make every effort to refill your prescriptions the day you call us. Prescriptions are not renewed if a patient has not been seen for more than 1 year or if not appropriate.
2. Please furnish us with the name of the medication, the Pharmacy and pharmacy phone number.
3. We usually refill prescriptions after morning office hours and at the end of the day. Please check with your pharmacy to see if the prescription is ready.
4. Our office does utilize E-scribing which is a method of sending your prescription electronically to the pharmacy of your choice.

### **PATHOLOGY AND LABORATORY SERVICES**

1. In the event you have a biopsy done, we use the following Pathology Services: **Dermpath Diagnostics and QUEST**. This lab employs Dermatopathologists, pathologists with extra training in skin pathology. Quest uses Dermpath Diagnostics for their skin pathology services. Dr. Smallwood does not use any other labs for skin biopsies or excisions.
2. Our office uses Wuesthoff Reference lab and QUEST for blood work and microbiology. Please notify us if your insurance carrier requires you to use the laboratory of their choice and we will write a prescription for you to go to that lab.

### **PATHOLOGY RESULTS**

Please allow one week for us to receive your pathology results from the Pathologist. You will be notified of your results as soon as they are made available to our office. If you have not heard from the office in one week, please call. Always find out your results from any test done. Do not assume no news is good news.

1. The physician, nurse or medical assistant will call you with your results.

Thank you for taking the time to read our policies. If you have any further questions please let us know.

Kristin Smallwood, M.D and staff

I have read and understand this policy and have received a copy.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_