

Chatham Dermatology

OFFICE POLICIES

The following are internal policies adopted by Chatham Dermatology. Signature is required before services can be provided. No revisions to this form will be accepted, and any attempted changes shall be null and void.

HOW TO PREPARE FOR VISITS

We are honored to have you as a patient. For visits to go smoothly, you must prepare for *each* visit properly.

ALWAYS BRING: ☒ *current* insurance card ☒ photo ID ☒ payment ☒ **written/typed list of medications**

Many patients bring a helpful typed list of all medical information: medicines, allergies, medical problems, past surgeries, and family history. Pathology reports (previous skin cancers and/or abnormal moles) are also important. *Please limit your visit to the concern(s) you expressed when making your appointment. Do not wear make-up if you have facial concerns/lesions. Please call during office hours for questions/concerns/refills – NOT after hours.*

FINANCIAL POLICY

FULL PAYMENT is due at time of service. We accept cash, local checks, debit cards and credit cards (Visa, MC, Discover and AMEX). Patients/guardians assume financial responsibility for services rendered and agree to pay the reasonable costs and expenses incurred to collect amounts owed (including collection fees, legal fees/attorney fees, and court costs). Unpaid charges shall bear the current allowable interest rate accrued monthly from the date of service. A service charge of \$35.00 shall be applied each time a check is dishonored. Any concerns about the cost or coding of any services should be discussed with the office manager.

HEALTH INSURANCE COVERAGE

Insurance coverage is a contract between the insurance company and the patient. Responsibility for payment of fees is the patient's obligation. If we are participating providers for your insurance company, we will file your claim. It is **YOUR** responsibility to be sure our office participates with your *specific* insurance plan. Any unmet deductible or copay is due *at the time of service*. **Be aware that "COPAYS" usually cover office visits. Surgical procedures (common in this office) usually fall under deductible.** If we do not "participate" with your insurance company, you will be given a statement of office services to send to your company for possible reimbursement. If your insurance carrier requests information from you, you agree to comply *promptly* with such requests.

MEDICARE

We accept assignment of benefits from Medicare. Claims will be filed in accordance with Medicare regulations; payment will be accepted from Medicare. Medicare patients are responsible for unmet deductibles as well as 20% of Medicare's allowable charge (unless secondary insurance is a Medicare approved Medigap). Medicare considers some services "non-covered/not medically necessary" (e.g. cosmetic services, removal of benign lesions). You will be informed before such services are provided. If you desire such services, YOU are responsible for full payment.

MISSED/CANCELLED APPOINTMENTS

The practice discourages missed appointments and being late for appointments. If you are unable to keep an appointment, notify us at least **2 working days** (M,T,W,Th) in advance by confirming with office staff. This courtesy allows someone else to be treated - a courtesy you would want if the circumstances were reversed. If you miss or cancel scheduled appointments without proper notification, you will be responsible for a \$50.00-\$100.00 charge (for the missed visit). Higher charges will apply for surgeries, skin cancer screening appointments, and *multiple* missed visits. These fees are not covered by your insurance; you will **not** be rescheduled until the fees are paid in full. You will be discharged from the practice for repeated offenses.

RECORDS/FORMS

Records/Forms can be copied and/or "filled out" for a small fee depending on the type of form and size of your chart. Our office will gladly give you **one** free copy of your chart. A fee will be charged for repeated requests.

PRESCRIPTIONS

Prescriptions will be sent electronically to your preferred pharmacy. Submit refill requests through your pharmacy. If it has been over a year since your last visit, prescriptions cannot be refilled until your follow-up visit. If you

missed your last appointment without proper notification, no refills will be authorized. Certain serious medicines require lab tests; these meds will not be refilled without lab results. It is YOUR responsibility to schedule visits and to obtain orders for necessary labs. Prescriptions will only be refilled during office hours when your chart may be reviewed properly (NOT on weekends). **IF THERE IS A PROBLEM with a prescription (too expensive/not covered), notify our office about the problem.** Many dermatology medications require prior authorization (PA). If you need a written prescription to shop around for best price (e.g. using GoodRx), we can prepare one for you.

AUTHORIZATION FOR SERVICES AND RELEASE OF INFORMATION

The signature below serves as authorization for treatment by Chatham Dermatology. I authorize the release of any medical or other information about me/patient (including psychiatric, drug and alcohol abuse, or HIV information) to my insurance company or the Social Security Administration and Health Care Financing Administration (or its intermediaries) to process this or future claims or for utilization review or quality assurance. I also authorize release or receipt of information to/from other healthcare providers, pharmacies, insurers, consultants, and family to coordinate proper medical care, process insurance claims, and obtain prescriptions. I hereby assign benefits and authorize payment under my insurance program to Chatham Dermatology for services rendered to me. Regulations pertaining to Medicare/Medicaid assignment of benefits apply. If under 18, parents/legal guardians are financially responsible for payment.

DOCTOR-PATIENT RELATIONSHIP

The relationship between a doctor and a patient is very important. Our office is very proud of our reputation for excellence and our mission to offer the very best care for our patients. However, things in any relationship are not always perfect. If you ever have any questions, issues, or concerns about any aspect of our office or your care, please contact the office manager and/or the physician about the situation. Let us all work together to resolve any problems. If you ever decide to put negative information online, the doctor-patient relationship will be violated resulting in your official discharge from the practice and possible legal action as well.

SMS / TEXT MESSAGING

I consent to receive automated SMS (Short Message Service) text messages from Chatham Dermatology to the mobile number I provide. Messages may include appointment reminders/confirmations, scheduling updates, links to intake forms and medical questionnaires, test result notifications (lab, pathology, or other), patient care/plan updates, prescription and refill notifications, billing and payment notifications/reminders, and requests for reviews or feedback about your experience. Marketing and promotional messages about our practice are sent only to patients who have specifically consented to receive them. You may opt in or out of different message categories. Message frequency may vary depending on message purpose.

Consent to SMS is never a condition of receiving medical care. Message and data rates may apply. Reply STOP to cancel messaging at any time. You may reply START to resubscribe or HELP for assistance. Notify us if your mobile number changes. We do NOT sell, rent, or share mobile phone numbers or SMS consent information with third parties or affiliates for marketing purposes. If third party service providers assist in delivering messages on our behalf, they are required to protect your information and use it only for the services they provide to us.

Please note that SMS is not a fully secure or encrypted method of communication. Please do not include sensitive medical or financial information in your replies to our text messages. To provide medical or financial information (such as intake forms, payment notifications, or questionnaires), use the secure links in our messages or contact our office directly. Despite precautions, there is a risk that messages could be read by third parties. I acknowledge this risk, agree to the above terms and privacy practices, and I consent to receiving messages via SMS.

Signature signifies assumption of full financial responsibility as detailed on this sheet.

Signature below acknowledges receipt of a copy of Chatham Dermatology Notice of Privacy Practices.

Signature below acknowledges understanding, authorizations, and compliance with ALL the stated policies (on front and back of this form).

****Do not sign this form until you have read it and understand it.****

Signature _____ Date _____

If signing for a patient, please detail your guardian relationship: _____

GUARDIAN OR ADULT SIGNATURE IS REQUIRED IF PATIENT IS UNDER 18.

(A copy of this signature is as valid as the original.)