



OFFICE POLICIES

Thank you for choosing Colorado Dermatology Group for your healthcare needs. To help us fulfill our mission of providing personalized and exceptional care to each of our patients, we have developed office policies to create a productive relationship between you and our clinic. Our team cares greatly about your health and wellness and will provide recommendations and treatment plans. We expect that you will abide by those recommendations and follow instructions pertaining to medications, testing, and follow-up. We provide the following information to avoid misunderstandings about financial obligations and other office policies.

REQUIRED DOCUMENTATION

Photo Identification: To protect you against identity theft for services, we request and keep on file a copy of your photo identification issued by a local, state, or federal governmental agency (e.g., Driver's License, Passport, Military Identification, etc.).

Insurance Card: If we participate in your insurance plan, we request and keep on file a copy of your insurance card to facilitate the submission and processing of your claim. If you do not provide your insurance card when you check in, our office may not be able to submit your claim to your insurance carrier.

INSURANCE & FINANCIAL POLICIES

Your insurance is a contract between your insurer and you. It is your responsibility to know and understand the terms, guidelines, and limitations of your plan, including your deductible, co-insurance, and co-pay obligations. It is also your responsibility to advise us of any changes in your insurance, address, or employer. Our team will verify your coverage, co-pay, and/or deductible status prior to your appointment.

Referrals: If your insurance plan requires a referral, please contact your primary doctor's office at least two weeks prior to your appointment date. Please call our office at least three business days prior to your appointment to confirm that your referral has been received.

Medicare: We will submit your claim to Medicare.

Health plan with co-payment: We will collect your specialist co-pay at the end of your visit.

High deductible health plan: We will collect 50% of the charges for services rendered at the end of your visit. We will then submit the entire claim to your insurance provider, and you will receive a bill for the difference of the contractual rate minus what you paid at the time of service.

Secondary/Supplemental Insurance Plans: We will file your secondary claims as a courtesy. If your secondary insurance has not paid us within 30 days, you will receive a bill for the balance.

Non-contracted Insurance Plans: If we do not participate with your insurance carrier, payment in full is required at the end of your visit. We are happy to provide you with a copy of your bill and appropriate information regarding your visit for you to submit to your insurance company.

Self-Pay: If you are not insured, payment in full is required at the time of service.

Non-covered services: Some treatments requested and performed in Dermatology are considered by health plans to be cosmetic. Billing insurance for such treatments may represent fraud. We will collect the charges for these cosmetic services at the end of your visit.

Pathology fees: Your doctor may send a specimen to an outside lab for culture, slide processing, and/or slide interpretation. You and/or your insurance provider will receive a separate bill from this outside lab for these services. Alternatively, your doctor may at times interpret slides him/herself. This fee will be included in a bill from our office.

Payment Methods: We accept cash, check, and most major credit cards.



Returned Check Fee: If a check is returned for insufficient funds, a \$25 fee will be added to your account balance, in addition to the amount of the check returned. This total must be paid by cash or credit card within 7 days.

Collection Fees: If your account is assigned to a collection agency, you will be responsible for any fees charged by the collection agency along with any other collection costs, reasonable attorney's fees, and court costs.

Minors: A parent or legal guardian must accompany all patients under the age of 18 to authorize treatment and financial arrangements. We can submit the charges to an absent parent's insurance only with signed permission from the policyholder. The parent presenting the child for care is responsible for payment at the time of service. Any patient over the age of 18 will be held financially responsible for all charges incurred.

CANCELLATION AND NO-SHOW POLICY

We understand that situations arise in which you must cancel your appointment; however, missed appointments represent a cost to us and to other patients who could have been seen in the time set aside for you. It is therefore requested that if you must cancel your appointment, you provide one business day notice. This will enable another person who is waiting for an appointment to be scheduled in that appointment slot.

Patients who do not show up for their appointment without cancelling with more than one day notice will be considered a "No-Show." Patients who No-Show three or more times in a 6-month period may be dismissed from the practice and will be denied future appointments.

No-shows and appointments that are cancelled with less than one business day notice may be subject to the following fees: \$50 (office visits/consults), \$100 (cosmetic treatments), and/or \$150 (surgical/procedural). These fees are the sole responsibility of the patient and must be paid in full before the patient's next appointment.

Our practice firmly believes that a good physician-patient relationship is based upon understanding and good communication. Questions about cancellation and no-show fees should be directed to our office manager at (970) 305-4341.

OTHER POLICIES

Prescription Refills: Please plan ahead for prescription refills. We ask that you contact your pharmacy three to five days prior to needing a refill. If you are out of refills, the pharmacy will contact our office for physician approval. Please note, we will only refill prescriptions during our normal business hours. We will not refill prescriptions if the patient is outside the recommended follow-up window or if he/she has not been seen in the practice during the past twelve months for that specific prescription.

Medical Records: Medical records requests and/or completion of forms (e.g. disability, life insurance, cancer policies, etc.) may be subject to fees determined by state law or contractual agreements. These requests require time to be processed and cannot be provided on the same day as requested.

Minor Patients: All minors are required to have a parent/legal guardian present with them for each appointment. By law, we are required to have a consent from a legal guardian to provide treatment to a minor and to submit a claim for this treatment to insurance. If a parent or guardian is unable to attend an appointment with the minor, then a signed and dated authorization to treat a minor is required prior to the appointment. If a minor comes to the office unattended and we do not have a signed and dated authorization from the parent/legal guardian for a specific day(s) of treatment, we will be unable to see the patient at that time, and the appointment will have to be rescheduled.