



FINANCIAL POLICY

1. **Insurance.** Dermatology Specialists of Greater Cincinnati participates in most insurance plans in the area, including Medicare. All patients must complete a registration form before seeing a provider. We must also obtain a copy of your driver's license and proof of insurance coverage. Every six months you will be asked to present the insurance cards for all insurances you have (primary, secondary, etc.). Additionally, it is your responsibility to promptly notify us of any changes to the insurance information you have provided us and ensuring your insurance plan doesn't require a referral. Please contact your insurance company with any questions you may have regarding your coverage or benefits.
2. **Co-payments and Deductibles.** Co-payments must be paid at the time of service to the front desk during the check-in process. Additionally, it is your responsibility to ensure that deductibles and co-insurances are paid in a timely manner. This arrangement is part of your contract with your insurance company.
3. **Claims Submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request.
4. **Self-Pay.** If you have no medical insurance, Dermatology Specialists of Greater Cincinnati may offer a discount if payment is made at the time of service. For an initial consult with a provider, patients with no insurance will be required to pay a \$70.00 deposit prior to being seen. Any additional charges for the visit, tests or other services rendered, you will be notified and expected to pay at the end of the visit.
5. **Cosmetic.** All cosmetic procedures and products are paid in full at the end of the visit. Unopened products can be returned within seven days of purchase. We do not accept personal checks as a form of payment for these services.
6. **Credit Card on File (CCOF).** Your credit card information will be obtained and kept securely until your insurance(s) have paid their portion and notifies us of the balance due, if any. At that time, you will be sent a statement which you will have 30 days to pay. After 30 days, if the bill remains unpaid, we will bill your credit card on file.
7. **Nonpayment.** Balances are expected to be paid in full. Dermatology Specialists of Greater Cincinnati can offer a payment plan to resolve balances in a timely manner. Please be aware that if a balance remains unpaid for 90 days, we will refer your account to a collection agency.
8. **Return Check.** The charge for a returned check is \$25 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount.
9. **Credit Balances.** Patients credit balances will be refunded timely or at patient request. Any credit balance under \$50 may not be returned without a written request after three years.
10. **Forms of Payment.** We accept cash, personal checks, MasterCard, Visa, American Express and Discover.

Dermatology Specialists of Greater Cincinnati is committed to providing the best experience possible for our patients. As a patient of Dermatology Specialists of Greater Cincinnati, you are ultimately responsible for understanding your insurance benefits and meeting your financial obligations. As your health care partner, we are here to help you throughout the process. If you have questions about this policy, please call (513) 231-1575.