

## **GREENSBORO DERMATOLOGY ASSOCIATES FINANCIAL POLICY**

### **PATIENTS WITH INSURANCE (In Network)**

You are responsible for: **Deductibles, Co-pays, Non-covered Services, Co-Insurance, and items considered not medically necessary by your insurance company.**

All Co-pays, Co-Insurance and not medically necessary services are due at check-in. **Any unpaid balance should be satisfied within thirty 30 days** of notice from your insurance company. If insurance payment is made, any excess amount will be refunded to the patient within 30 business days.

**For your convenience, we accept: Cash, Check, Visa, MasterCard, Discover, and American Express. Greensboro Dermatology also offers CareCredit as an alternative method of payment.**

Referrals required by an insurance company are ultimately the responsibility of the patient. Patients must call their primary care physician for a referral prior to their appointment. Patients without referrals will be required to sign a waiver accepting responsibility for paying their balance in full at time of service.

### **PATIENTS WITH INSURANCE (Out of Network)**

As a courtesy, we will file your insurance. All charges are due at the time of service. If insurance payment is made, any excess amount will be refunded to the patient.

### **PATIENTS WITHOUT INSURANCE (Self Pay)**

All charges are due the time of service.

### **MEDICARE PATIENTS ONLY**

Our office will submit your **Medicare charges** to the designated carrier and your secondary insurance. You are responsible for **Deductibles, Co-Pays, and any Non-Covered services balances should be satisfied within thirty 30 days..**

### **COSMETIC PROCEDURES/PRODUCT PURCHASES**

All charges are due at the time of service. No returns on products after **30 days** from purchase. **No returns on prescription products.**