

215 East Big Beaver, Suite 200 . Troy, Michigan 48083 www.lifetimedermatology.com

248-362-3500

FINANCIAL ARRANGEMENT AND INSURANCE

We are committed to providing you with the best possible care. If you have insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payments, including copays, are due at the time services are rendered. We accept cash, checks, MasterCard, Visa, American Express and Discover. Returned checks and balances older than 60 days will be subject to additional fees.

We are willing to file claims to insurance companies with whom we have no contract as a courtesy. However, the payment of all charges is your responsibility on the day services are rendered. Please be aware that insurance companies may arbitrarily select certain services they will not cover under your benefit plan. We emphasize, then, as health care providers; our relationship is with YOU, not your insurance company. It is necessary for you to be aware of your benefits.

You must also be aware of what laboratory your insurance covers, as this may result in an out-of-network fee. Lab tests are not included in the physicians' fee. We send all pathology specimens to **Quest DermPath Diagnostics** and all bloodwork to **Quest Diagnostics**. The patient is responsible for all costs incurred by the lab which are not covered by their insurance. You will be billed separately by the lab for charges such as the appropriate copay and deductibles.

We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in management of your account. An additional late fee of \$35 will be added to accounts 60 days past due. These accounts will also be transferred to First Federal Credit Collection.

If you have any questions about the above information please do not hesitate to ask us. We are here to assist you.

I have read, understand and agree to the above Financial Policy.		
Patient or Responsible Party	Date	