

CARY L. DUNN, MD, PA

SKIN CANCER SPECIALIST™

OFFICE FINANCIAL POLICY

Dear Patient

We would like to share the following policies with you so that you understand your responsibility regarding the charges for the services rendered to you by this office.

We are a Medicare participating provider. We will bill Medicare and Medigap carriers.

You will be responsible at the time of service for payment of:

- The annual deductibles
- 20% Co-payment (if not paid by your secondary insurance)
- Charges for non-covered or cosmetic services*

*You will be asked to sign a Waiver of Liability Form in the event that a service is provided which we know is not covered by Medicare.

If you have Medicare as well as secondary coverage with a commercial plan that is not Medigap or is an insurance company with which we have no contract, we will file a claim to your secondary/supplemental carrier. If no payment is received from your secondary/supplemental carrier within 60 days after we file a claim, you will be sent a bill and will be responsible for the balance.

If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for all covered, medically necessary services rendered.

We will bill both your primary and secondary insurance plans for contracted plans. You will be responsible at the time of service for payment of:

- The annual deductibles
- All Co-payments
- Charges for non-covered or cosmetic services

In the event that you, as the patient, or we, as the physicians, are not aware of a charge that is not covered by your plan, you will be balance billed after we obtain a denial from your insurance carrier.

For non-Medicare patients who have insurance coverage with an insurance carrier with which we do NOT have a contractual relationship, please note the following:

We will file both your primary and secondary insurance. If we do not receive payment from your primary carrier within 60 days of filing, you will be billed the entire amount.

If we receive payment from the primary, we will file a claim with your secondary. If we do not receive payment from your primary carrier within 60 days of filing, you will be billed for the entire amount. If you only have primary insurance (e.g., no secondary/supplemental coverage), you will be asked to prepay 20% of the entire bill. Any amount not paid by your insurance company will be billed to you. Please understand that since we do not have a contract with your plan, we are not obligated to adjust our charges based on your plan's coverage and benefits. The entire balance remaining after your primary carrier has paid will be billed to you.

Patients with no insurance coverage are asked to make payment at the time services or patients are to make payment arrangements prior to services being provided. They agree to pay our fees in full.

Your signature of acknowledgement of our office financial policy is required on our patient information form