

NELSON DERMATOLOGY ---WELCOME TO OUR PRACTICE !!

Dr Nelson is happy you chose to be seen here. We value your time and want to enhance your overall experience.

HIPPA AUTHORIZATION/PRIVACY POLICY

I authorize Nelson Dermatology PLLC to speak with the person(s) and/or Provider(s) listed on my patient registration form and/or insurance card regarding my medical care. I understand that with my signature I am authorizing the release of written or oral communication by Nelson Dermatology PLLC and thereby release Nelson Dermatology PLLC and their staff from all legal responsibility that may arise from the act hereby authorized on my patient registration form.

MESSAGES

I authorize Nelson Dermatology PLLC to leave a voicemail messages on my home and mobile phone. Message may at times include some protected health information, including appointment reminders, test results, instructions and any billing concerns. I understand that with my signature. I am authorizing the release of oral communication by Nelson Dermatology PLLC to this voicemail number(s) and thereby release Nelson Dermatology PLLC and their staff from all legal responsibility that may Arise from the act hereby authorized.

INSURANCE BENEFIT ASSIGNMENT AND RELEASE

I have insurance coverage as specified on my card and assign directly Nelson Dermatology PLLC, all medical benefits, if any, otherwise payable to me for services rendered. I understand and agree that I am financially responsible for all charges whether or not paid by the insurance. I understand that my signature request that payment be made and authorize release of medical information necessary to pay the claim. I authorize the use to this signature on all insurance submissions.

Patient-Parent/Guardian Expectations:

All patients are expected to have 1) their current insurance card, 2) valid picture ID, 3) co-pay, co-insurance payments ready the day of the service and 4) pay on any balances.

Cosmetic Offerings

Advanced Skin Care Line and Chemical Peels for Acne and Aging Issues

Laser Hair Removal for all skin types

Injectables -- *Botox, Juvederm* Filler, *Kybella* for reducing neck fullness

Sclerotherapy for Leg Spider Vein removal

Latisse for eyelash lengthening, Age Spot Removal via *Eskata*

Platelet-Rich Plasma (PRP) injections for hair restoration

FINANCIAL POLICES -----

SELF PAY RATES –patients without active insurance

\$175 new patients; \$150 follow up; \$75 nursing injections; up to \$250 for skin lesion removal

HMO/MANGED CARE/TRICARE:

IT IS YOUR RESPONSIBILITY to make sure a current referral has been obtained prior to the appointment. It is THE PATIENTS RESPONSIBILITY to make sure the correct referral is in place if you are having testing performed. If you still desire to be seen without proper authorization, you will be binded to our self pay fee schedule.

Co-Pays and Co-Insurance

Primary and secondary insurance co-pays must be paid at the time of check-in. Patients will be asked to reschedule if they do not have their copay. If it is for an urgent matter but no co-pay is available there will be a \$25 billing fee added to your account. Co-insurance payments should be ready to pay the day of the service

FEES: \$50 No show and \$75 procedure/cosmetic service no shows

Failure to cancel an appointment within 24 hours will result in a \$50 no show fee for routine appointments and \$75 for any procedure or cosmetic service . *If you no show more then 2 consecutive times per year, we will then ask for a \$50 deposit to hold your future appointment.*

Please remember a confirmation text or call is a courtesy done by this office and not an obligation, therefore will not be a reason to waive a no-show fee.

Medical Records Fees

\$10 administrative fee plus 0.50 per page up to 50 pages and then 0.25 per page thereafter. There is not fee to transfer records directly to another provider or organization

COLLECTIONS:

I understand and agree that I am personally for all charges incurred regardless of my insurance coverage in the event that my account is referred to an attorney for collections, I agree that in addition to the balance owed, I will be responsible for collection and attorney fees in addition to the balance owed. Payment for the services rendered or to be rendered in the future is irrevocably and unconditionally guaranteed by the guarantor together with interest thereon and all late charges, attorney fees cost and expense of collection incurred in enforcing any of such liabilities. I agree that all above information I correct to the best of my knowledge. If patient balances are not addressed. Patients are running the risk of being discharged from the practice.

I have read, understand and accept the above financial policy.

I understand that charges not covered by my insurance company, as well as applicable co-payments, co-insurances and deductibles are my responsibility. I understand that it is my responsibility to contact my insurance carrier if they do not respond to payment request made on my behalf.

POLICIES AND PROCEDURES AGREEMENT

Patient Information and insurance cards

Your personal information sheet, health summary, medication list and insurance card are an important part of your medical record. It is your responsibility to make sure that you update this information at each visit to keep your record current. As this may seem inconvenient, it is necessary to keep your insurance and contact information up to date to insure you receive proper care.

Prescriptions and Prior Authorizations

I authorize Nelson Dermatology PLLC to obtain/have access to my medication history. Some medication may require a prior authorization (PA). These usually include but are not exclusive to topical corticosteroids and topical acne medications and isotretinoin / Accutane /Clavaris. **Due to processing from your pharmacy, our office and your insurance company; some medications my take a 2 weeks to process once the paperwork is sent to us from your pharmacy.** If you do not hear from us in 2 weeks, please call back the nursing line to check the status of your authorization. You may need to prompt the pharmacy to send the form to our office. Your insurance carrier can also help give information regarding the time course in the PA process.

REFILLS

You must be seen a minimum of twice a year to keep your chronic medication refills active. Some medications (biologics injections or oral systemic medications) may initially require every 2-4 month visits along with regular lab work for your safety.

Late Policy Every effort is made to keep our physician schedule on time, therefore if you are more than 15 minutes late, we will reschedule your appointment to the next available in the office; however there is no guarantee that you will be seen immediately. If the physician schedule is too full you will be asked to reschedule your appointment to a later date.

Transferring of Records

All patients must sign a records release form to have their records copied or sent to them, another provider or organization. Copies will be provided to the patient for a \$10 administrative fee

Forms and letters: Please give us a week turn around to process.

Suggestions?

*Please forward any concerns about your visit to our Practice Administrator Jessica Hutcherson at 571-719-3061
We want to improve your next visit!*

Billing inquiries can be addressed by Reina Santos at 571-719-3059.