
Financial Policy

IDENTIFICATION REQUIREMENTS

This Practice is committed to safeguarding your identity. Federal regulations require verification of your identity at each visit to verify the identity of anyone presenting medical insurance identification. To satisfy the federal requirements, your driver's license will be scanned into your electronic file. This allows us to verify your identity for future visits. Refusal to provide the required identification may delay or prevent your being seen by our physician.

ASSIGNMENT OF BENEFITS

I request that payment of authorized Medicare or applicable private insurance benefits be paid directly to Christine S. Rausch, MD PC / Skin Surgery Center of Virginia, LLC, for services provided under their care.

HEALTH INSURANCE ELIGIBILITY, POLICY UPDATES & NEW INSURANCE

It is your responsibility to keep us updated with your correct insurance information. If the insurance company you designate is incorrect, you will be responsible for payment of the visit. In your agreement with your insurance plan, you are responsible for any and all co-payments, deductibles, and coinsurances. It is your responsibility to understand your benefit plan. All prior balances must be paid prior to your visit. We DO NOT participate with all insurances. If we do not accept your insurance, and you wish to be seen at our office, you may elect to pay for services in accordance with the FINANCIAL RESPONSIBILITY listed below. It is important to note that any money paid on your self-pay account will not be applied to your insurance deductible. Failure to provide accurate insurance information, which causes denial of your services, may lead to dismissal from the Practice.

REFERRALS & AUTHORIZATIONS

I understand if my insurance company requires a referral, I am responsible for obtaining a referral prior to my visit. If I do not have a referral at the time of my scheduled appointment, I will be required to reschedule. It is also my responsibility to ascertain if a pre-authorization is required by my insurance company. The billing department will obtain the pre-authorization for me once notified. PLEASE NOTE: When calling your insurance company to find out if a pre-authorization is required for the MOHS procedure, you will want to tell them you are having the procedure done at Christine Rausch, MD, PC, NOT Skin Surgery Center of Virginia, LLC.

BILLING INFORMATION

When a surgery or procedure is performed in the Ambulatory Surgery Center (Skin Surgery Center of Virginia, LLC), you may receive TWO (2) SEPARATE BILLS; one (1) from the physician (Christine S. Rausch MD, PC) and one (1) from the Ambulatory Surgery Center. The physician's bill will include all services rendered in the office AND for the physician's treatment in the Ambulatory Surgery Center. The Ambulatory Surgery Center bill is the fee for the use of the Medicare-certified and Joint Commission accredited facility.

PATHOLOGY & LAB SERVICES

Some services, such as blood work and tissue obtained from biopsies or surgical specimens, require an outside laboratory for processing and evaluation. Billing for these services will be directly handled by these outside laboratories. While we do attempt to route specimens to the proper lab based on your insurance, we cannot guarantee their participation. By signing, you are giving us permission to provide your insurance information to the lab on your behalf. It is your responsibility to provide accurate and correct insurance information.

ABN (*Advanced Beneficiary Notice*)

The Federal Medicare program, administered through the Center for Medicare and Medicaid Services (CMS), does not cover many services they consider medically unnecessary or inappropriate. You're responsible for all fees related to these services. You'll be notified, and your signature will be required prior to receiving any potentially uncovered services. Supplemental or secondary insurance to Medicare will not cover services denied by Medicare. Please check with your insurance carrier prior to treatment if you're concerned about these issues.

MISSED & CANCELLED APPOINTMENTS

We require at least 48 business hours' notice if you must cancel an appointment. Failure to do so will result in the following cancellation fees: **\$100.00 for surgical appointments and \$50.00 for office visits**. The office is open Monday through Friday. Missed appointments will require a \$50 deposit prior to rescheduling.

LATE FOR APPOINTMENT

If you arrive 15 minutes late or more to your appointment, you will likely be asked to reschedule unless the physician's schedule can accommodate you.

This does not mean you will be seen immediately, but we will try to work you in between the other scheduled patients.

COSMETIC PROCEDURE

Patients are expected to pay in full at the time of service. All cosmetic procedure fee(s) will be collected in full at the time of service.

COLLECTION OF CO-PAYS & DEDUCTIBLES

Per your agreement with your insurance carrier, you are required to pay all applicable co-payments at the time of service. In addition, if you are insured with a high-deductible insurance plan and have not met your deductible, we may collect the contracted rate for services rendered at the time of service.

RETURNED CHECKS

Checks are processed by a third-party vendor. The vendor will directly bill you \$35.00 for any check that is returned for insufficient funds.

FINANCIAL RESPONSIBILITY

I understand that Christine S. Rausch, MD PC / Skin Surgery Center of Virginia, LLC, as a courtesy, will file my insurance claims with insurance companies that the Practice participates with; however, I am ultimately responsible for the full payment of all charges. Should collection proceedings or other legal action become necessary to collect an overdue account, the patient or the patient's responsible party understands that Christine S. Rausch, MD PC / Skin Surgery Center of Virginia, LLC has the right to disclose to an outside collection agency all relevant personal and account information necessary to collect payment for service rendered. The patient, or the patient's responsible party, understands and agrees to pay all collection fees, including the total unpaid balance due, plus court costs and filing fees incurred by Christine S. Rausch, MD, PC / Skin Surgery Center of Virginia, LLC.

I understand and agree that should Christine S. Rausch, MD PC / Skin Surgery Center of Virginia, LLC, be awarded judgment relating to this agreement or any debt incurred thereof, I will pay a service charge of one and one-half percent (1 ½%) per month, eighteen (18%) per annum, beginning on the date of judgment.

All patient balances are billed immediately upon receipt of your insurance plan's Explanation of Benefits. Your remittance is due within ten business days of receipt of your bill. Payment plans are accepted for a six (6) month period, beginning on the first date of service with a balance. If previous arrangements have not been made with our billing department, any account balance outstanding longer than 90 days will be forwarded to a collection agency. Any patient account balance over 90 days past due that does not have a financial payment contract or a credit card on file will be turned over to an outside collection agency. This also includes any patient account balances that have defaulted from their financial payment contract.

CONSENT FOR THE RELEASE OF MEDICAL RECORDS OR CANCER CLAIM FORMS

I authorize Christine S. Rausch, MD, PC / Skin Surgery Center of Virginia, LLC, to release necessary medical information to my insurance company, its agents, or any third-party payer in order for payable benefits for these services to be determined. Medical record requests are free for pages 1 – 50. If your request is greater than 50 pages, there will be a fee of \$0.25 per page up to a maximum of \$15.00. Third-party requests (i.e., attorney, life insurance, disability, etc.) will incur a retrieval fee, \$0.25 per page fee, and postage fee. A separate CONSENT FOR THE RELEASE OF MEDICAL RECORDS Form must be completed before your request can be processed.

If you would like the office to complete Cancer Claim Forms, there will be a flat administrative fee of \$10.00 per Cancer Claim Form.

All Records/Forms must be picked up or emailed; we do not mail them.

CREDIT CARD PAYMENTS

The Practice requires you to have a credit/debit card on file, along with a valid email address, at the time of check-in. We have partnered with Elavon, an electronic payment processor that encrypts and stores your information, providing the highest level of payment security and giving you the peace of mind that your payment for health care services will be handled securely, accurately, and on time. It protects your credit score by avoiding billing mistakes that can easily happen when billing and payments are handled using a manual process.

After your health insurance company processes your claim, you will receive an Explanation of Benefits, which is also sent to us. Your payment responsibility will be charged to your credit/debit card. If you feel an error has been made, call us, and we can stop processing the charge while we investigate. **Refusal to put a card on file requires a \$1500 deposit for Mohs Surgery—a \$500 deposit for procedures, and a \$100 deposit for office visits (inclusive of co-pay).**

On the day of surgery, a \$500 deposit will be collected from those patients with Medicare as their primary insurance, and no secondary insurance is available. Patients with no health insurance will be considered "self-pay,"; requiring a **\$1500 deposit for Mohs Surgery, a \$500 deposit for procedures, and a \$150 deposit for office visits.** We accept Visa, MasterCard, and Discover.

OVERPAYMENTS/REFUNDS

Once ALL insurance payments have been received and it is deemed you have made an overpayment, we will refund the overpayment to you promptly. All credit balances less than \$5.00 (five dollars) can be donated to Access Now, a program administered by the Richmond Academy of Medicine that provides FREE medical care to qualified individuals in the Richmond area. Please indicate if you would like to donate your refund.

- Yes, please DONATE my refund of \$5.00 or less to ACCESS NOW.
- No, I do not wish to donate my refund of \$5.00 and would like the funds returned to me.

I acknowledge that Christine S. Rausch, MD PC / Skin Surgery Center of Virginia, LLC, will scan this document and destroy the original, and I agree that the scanned document is the same as the original.

_____ Signature of Patient or Responsible Party	_____ Date
_____ Printed Name of Signature	_____ Relationship to Patient