

OFFICE POLICIES

Thank you for choosing Colorado Center for Dermatology & Skin Surgery for your healthcare needs. To help us fulfill our mission to provide personalized and exceptional care to each of our patients, we have developed office policies to create a productive relationship between you and our team of healthcare providers. Our team cares greatly about your health and wellness and will provide recommendations and treatment options to help. We expect that you will abide by those recommendations and follow instructions including medications, testing, and follow-up visits. In addition to the medical care provided, understanding your patient and financial responsibility are essential components in establishing and maintaining a strong patient/practice relationship. In order to achieve this, we have provided the following information regarding our office policies, as such may be amended from time to time without prior notice.

Required Documentation

Photo Identification: In order to protect you against identity theft for services, we request and keep on file a copy of your photo identification issued by a local, state, or federal governmental agency (e.g., Driver's License, Passport, Military Identification, etc.). We also capture photograph(s) for record-keeping, treatment, health care operations, and other permitted uses, in accordance with our Privacy Policies.

Insurance Card. We ask all patients to provide their insurance card (if applicable) at every visit. We keep on file a copy of your current insurance card to facilitate the submission and processing of your claim. **If you do not provide current proof of insurance, you may be billed as an uninsured/self-pay patient whose payment in full is required at time of service.** If you provide your insurance card(s) at a later time, we may be able to retroactively bill the services to your insurer depending on the insurance plan's requirements.

PATIENT RESPONSIBILITY

Patients or their legal representatives are ultimately responsible for all charges for services provided. We expect your payment at the time of your visit for all charges owed for that visit as well as any prior balance. Because insurance plans do not provide immediate information regarding patient responsibility, you will be asked to securely authorize a credit card on file to settle your account and, if you have an outstanding deductible, you will also be asked to pay a deposit when you check-in.

When you make a deposit, you are paying toward an estimated patient responsibility; when your insurance company notifies us of your patient responsibility, we will either send you a statement for the balance due or issue a refund. If we do not receive a payment within the specified grace period, then we will charge your card on file in accordance with our Office Collections Acknowledgement & Authorization.

If you have a routine skin exam but need additional services, we may bill you for those additional services.

Minors. A parent or legal guardian must accompany all patients under the age of 18 to authorize treatment and financial arrangements. We can submit the charges to an absent parent's insurance only with signed permission from the policyholder. The parent or legal guardian presenting the child for care is responsible for payment at the time of service. Any patient over the age of 18 will be held financially responsible for all charges incurred.

TYPES OF PAYMENTS

Co-payments. Insurance carriers require that we collect your co-payment at the time of your visit. If you are not prepared to make your co-payment, you may reschedule your appointment.

Deductibles. Most insurance plans require you to pay a predetermined amount (the "deductible") before insurance will cover certain charges. Our technology allows us to view your remaining deductible and help you understand what you will owe for your visit so we can collect the amount due at the time of your visit.

Co-insurance. Some insurance plans require that you pay a certain percentage (for example, 20%) of the allowable charge amount. Our technology allows us to view only certain details of your insurance plan. If we can determine the expected out-of-pocket cost to you, we may ask that you pay your co-insurance/out-of-

pocket responsibility at the time of your visit. Otherwise, your out-of-pocket responsibility will be detailed in the explanation of benefits provided by your insurance plan.

Uninsured Patients/Self-Pay. If you do not have insurance or if the services provided are not covered by your insurance, payment for all services is due at the time of your visit. When you check-in for your appointment, we may require an initial deposit or credit card authorization. Upon check-out, any deposits will be applied to your total balance and any outstanding balance will be due in full. Two options are available: (1) a prompt-pay discount is available if you pay in full at the time of service; or (2) you may pay a deposit and arrange to charge the remaining balance to your credit card on file in accordance with the terms of our payment plan, in which case you will not be eligible to receive the prompt-pay discount.

Out-of-Network/Non-Contracted. We participate with most major insurance plans. You can contact your insurance company to confirm if your provider is in network prior to making your appointment. If we do not participate with your insurance plan, you will be required to pay for your visit at the time of service. We are happy to provide you with a copy of your bill and appropriate information regarding your visit for you to submit to your insurance company.

Non-Covered Services. It is your responsibility to contact your insurance plan to determine whether a particular service is covered. If we provide you non-covered services, you are expected to pay for the services at the time of your visit. If the total charge amount is not available at the time of check-out, you may be required to pay a deposit that will be applied to your charges.

If you are a Medicare patient, we will inform you of any non-covered services prior to your treatment. Your provider will review options with you and document your decision and acceptance of financial responsibility using the Centers for Medicare and Medicaid Services (CMS) Advance Beneficiary Notice (ABN) form.

Cosmetic Services. Patients are financially responsible for all cosmetic consults and treatments at the time of service. We do not bill insurance companies for cosmetic services. When you schedule your cosmetic appointment, we require an appointment deposit of \$50 (consults) and/or \$100 (treatments). When you check-in for your appointment, your appointment deposit will be verified as your initial deposit. Upon check-out, any deposits will be applied to your total balance and any outstanding balance will be due in full.

INSURANCE

Your insurance is a contract between your insurer and you. It is your responsibility to know and understand the terms, guidelines and limitations of your plan, including your co-pay, deductible, and co-insurance obligations as well as any network or coverage limitations. It is also your responsibility to advise us of any changes in your insurance, your address, or your employer.

Claim Submission. If you are on traditional Medicare or are a member of a health plan we participate with, we will submit your claim to your insurance company. We will also file your secondary/supplemental insurance claims as a courtesy.

You are responsible to:

- Know if your insurance plan requires a referral. If so, please contact your primary doctor's office at least two (2) weeks prior to your appointment date. It takes most insurance companies at least one (1) week to receive the referral authorization. Please call our office at least three (3) business days prior to your appointment to confirm that your referral has been received. If a referral is required and you do not have the appropriate referral or authorization, you may be billed as an uninsured patient.
- Check with your insurance plan to determine if prescribed testing (lab, pathology, etc.) is covered under your insurance policy. (If you choose to have non-covered testing, we will require full payment at the time of your visit.)
- Check with your insurance plan to review the schedule of benefits and whether a co-payment, deductible coinsurance, or other out-of-pocket responsibility applies.
- File any appeals with your insurance plan, if needed.
- Coordinate benefits if you have more than one insurance plan. You may be required to contact your insurance company to clarify which plan is primary or to correct any demographic or other issues. If your secondary insurance has not paid us within 30 days, the balance will become your responsibility.
- Arrive for appointments with all required documentation.

- Pay the entire amount determined by your insurance to be the patient responsibility.

Insurance Verification. It is your responsibility to provide us with accurate and current insurance information, and it is also your responsibility to ensure you have active coverage. As a courtesy, we will attempt to verify your insurance eligibility two (2) business days prior to your visit. If we are unable to confirm active insurance coverage, we will attempt to notify you. If you are unable to present active insurance coverage prior to the visit, you will be required to either pay at the time of your visit or reschedule your appointment. For same day appointments, we will attempt to check eligibility when the appointment is made.

Outstanding Balances. After your visit and insurance adjudication, we will send you a statement for any outstanding balances. All outstanding balances are due on receipt. If you come for another visit and have an outstanding balance, we will request payment for both the new visit and your outstanding balance. Your outstanding balances can be paid conveniently online at coloradodermatology.com/onlinepayments.

We generally send statements monthly, beginning when the balance becomes patient responsibility. We accept cash, check, and most major credit cards. In some circumstances, a payment plan may be arranged upon request and qualification.

Delinquent Balances. If you have an outstanding balance for more than ninety (90) days, you may be referred to an outside collection agency. If your account is assigned to a collection agency, you will be responsible for any fees charged by the collection agency along with any other collection costs, reasonable attorney's fees, and court costs. In addition, if you have unpaid delinquent accounts, we may discharge you as a patient and you may not be allowed to schedule any additional services unless special arrangements have been made.

Returned Check Fee. A \$25 fee will be added to your account balance in addition to the amount of the check returned for insufficient funds. This total (including original amount and fee) must be paid by cash or credit card within 7 days.

Outside Lab/Pathology Fees. Our fees are for physician services only. Depending upon specific factors, your provider may send the specimen to an outside lab for slide processing and interpretation or to another designated outside vendor. In those instances, you or your insurance company may receive a separate bill from the outside lab, pathology, or other diagnostic-related provider.

Benign Lesions. Patients are financially responsible for the removal or treatment of all benign skin lesions unless they have met certain clinical criteria, including, but not limited to change in quality or character, increase in size, pain, or bleeding. Billing insurance for such circumstances may represent fraud.

LATE ARRIVALS, CANCELLATIONS, AND NO-SHOWS

Late arrivals. If you arrive late for a scheduled appointment, you may be asked to reschedule your appointment or wait for an open appointment time on that day's schedule.

Rescheduling/Cancellations. If you are unable to keep a scheduled appointment, you must call at least one (1) business day in advance or we may consider you a "no-show." We understand that special unavoidable circumstances may cause you to reschedule or cancel within one business day. If you reschedule within one business day, fees in this instance may be put towards your service or waived but only with management approval. If you are on a medication that requires following-up during a specific window, please plan accordingly as rescheduling is subject to availability.

No-shows. If you do not show up for your appointment or did not provide at least one (1) business day advanced notice, you will be considered a no-show and the following fees may apply: \$50 (office visits/consults), \$100 (cosmetic treatments), and/or \$150 (surgical/procedural). Additionally, the full amount of any deposits may be forfeited in such instances. Any applicable fee will need to be paid prior to rescheduling. This fee cannot be billed to insurance. As permitted by state law, you may be discharged as a patient following two (2) or more no-shows in a 6-month period.

Our practice firmly believes that good physician/patient relationship is based upon understanding and good communication. Questions about cancellation and no-show fees should be directed to our office at (303) 761-0906.

OTHER POLICIES

Prescription Refills. Please plan ahead for prescription refills. We ask that you contact your pharmacy three (3) to five (5) days prior to needing a refill. If you are out of refills, the pharmacy will contact our office for physician approval. Please note, we will only refill prescriptions during our normal business hours. We will not refill prescriptions if you are outside the recommended follow-up window. As a general rule, no refills will be given for patients who have not been seen in the practice during the past twelve months for that specific prescription.

Medical Records. Medical records requests and/or completion of forms (e.g. disability, life insurance, cancer policies, etc.) may be subject to fees determined by state law, contractual agreements, and/or office policies. Medical records requests require time to be processed and cannot be provided the same day requested.

Minor Patients. All minors are required to have a parent/legal guardian present with them for each appointment. By law, we are required to have a consent from a legal guardian to provide treatment to a minor. If a parent or guardian is unable to attend an appointment with the minor, then a signed and dated authorization to treat a minor is required prior to the appointment. If a minor comes to the office unattended and we do not have a signed and dated authorization from the parent/legal guardian for a specific day(s) of treatment, we will be unable to see the patient at that time, and the appointment will have to be rescheduled.

Lab Results. If you have labs or test reports at our office, please make sure to call if you have not heard from us within 7-10 days for your results. Please do not assume that your results are negative if you have not heard from us; it is possible that we have not received your results, or that we were unable to get into contact with you.

Routine Skin Cancer Screening Exams. To ensure the best dermatological care, we strongly encourage our patients to have a full-body screening exam at least annually. If such exam cannot be performed at your initial visit due to the time needed to address your primary concerns, please make sure that you schedule an appointment as soon as possible.

Electronic Communications. Our practice may communicate electronically with patients through our patient portal, payment portal, website, practice email, individual team member or provider emails and or text messages. Take care when sending or reading messages that your device is secure and private. If you ask us to communicate electronically with you, we will assume that you check messages at reasonable intervals. We cannot guarantee that we will respond to your messages, and we understand that you cannot guarantee you will respond to ours. For important issues, telephone is best. Because electronic messages cannot be guaranteed 100% secure, please do not put sensitive matters in messages without considering this. You have the right to ask us to use either encrypted (secure) or unencrypted email (not secure) for your correspondence with us. Please be advised that unencrypted email has a higher risk of being intercepted and your private information obtained by an unauthorized party. We may use electronic messaging to inform you about things related to our practice that we believe would interest you. If you do not want to receive electronic messages from us, just let us know. If your email address or phone number changes, please let us know as soon as possible. We will not give your email address or phone number to anyone who is not authorized. Mistakes happen. If you believe you have received or sent a message by mistake, or one that contains errors, please let us know. Delete any messages that are not intended for you. In addition to those above, electronic communications can have other risks and disadvantages that might cause inconvenience or harm. Everyone using electronic communications needs to use good judgment about these valuable technologies, and must remember that there are alternatives that would be better for some situations. PLEASE DO NOT USE ELECTRONIC COMMUNICATIONS FOR EMERGENCIES; CALL 911.

Thank you for helping us better serve our patients.

AGREEMENT TO OFFICE POLICIES

My signature below indicates that I have read, understand and will comply with the information contained within the practice's Office Policies (last revised February 8, 2019). I understand that these policies are subject to change without prior notice and that I may request a copy of the current policies at any time.

Signature of Patient (or Legal Representative)

Date

Print Name of Patient

Print Name of Legal Representative (if applicable)