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Foxhall Dermatology

A NOTICE TO OUR PATIENTS REGARDING OUR OFFICE POLICY

In an attempt to keep our patients informed and to insure proper reimbursement for services rendered, we ask that you carefully read the following instructions. By working closely together toward this goal, we can provide you with better care and avoid confusion in the future.

Insurance Coverage: We currently participate with a number of health plans. This does change periodically; therefore, you may wish to inquire as to our participation with your particular plan. By signing the necessary forms at the time of your registration we can file your insurance claims for you. Please be aware that, as medical providers, our relationship is with you and not your insurance company. Problems relating to your coverage should be handled between you and your carrier

Payment Policy: It is your responsibility to be informed as to your insurance coverage. We cannot adjust charges or diagnosis codes after services are rendered. If your insurance carrier denies payment, it is our policy that these amounts be paid within 60 days. We will bill you for charges allowed, but not paid, by your insurance plan. Copays are required at the time of your visit. If you do not have insurance coverage, charges must be paid in full at the time services are rendered. Unacknowledged invoices over 90 days old will be forwarded to Charles Anderson, Esq. for further collection efforts. Charges associated with these actions will be the responsibility of the patient.

Lab Work: To allow our phone lines to be available for incoming callers, please allow our office 10 days contact you with laboratory results. If you do not hear from our office within 10 business days. we encourage your call to inquire.

Cancellations: We ask for a 24 hour notice for cancellations. We may charge a fee for appointments not kept and notification not given. This is not reimbursable by your insurance.

Prescription Refills: We require at least 48 business hours for prescription refills. Please contact your pharmacy first and they will contact our office for completion of this request. There may be a "prescription refill fee" for refills filled on demand or short notice. We encourage advanced planning for refills.

Forms and Letters: Because of the volume of paperwork associated with managed care, our office may charge a fee for form completion and custom letters. We must have a one-week notice for these requests.

To Recap:

1. Please allow us to call you with laboratory results.
2. 24 hour notice for appointment cancellations to avoid a "no show" fee.
3. Unpaid balances are processed for collection after 60 days without response on the account.
4. Prescription refills require at least 48 hours advance notice. Contact your pharmacy first.
5. Prescription refill fee may be imposed for short notice on demand refill requests.
6. There **WILL** be fees incurred for all form completions, letters. etc.

PATIENT NAME

PATIENT SIGNATURE

DATE