

Thomas Hall, MD/ Stillwater Dermatology PLLC

Financial Policy

Thomas Hall, MD/ Stillwater Dermatology PLLC strives to maintain a healthy client/physician relationship. We are dedicated to providing the best possible care for you and your family. We believe a part of that care is to provide a stress-free and easy to understand financial policy.

Patient Requirement: You will be required to provide us with a current insurance card and an ID upon check in.

- 1. Payment:** Copays, co-insurance, and deductibles are expected at the time services are rendered. If you are not covered by insurance or unable to provide the necessary information required for filing your claim, you will be expected to pay in full at the time of the visit. In some cases our office is able to determine the remaining amounts of owed deductibles. If this is the case, be prepared to pay for services rendered at the time of the visit
- 2. Insurance:** Our office participates with many insurances plans and we are happy to file a claim on your behalf. Please remember that insurance is a contract between the patient and the insurance carrier and is ultimately the patient's responsibility if the insurance company does not provide payment. Not all insurance plans cover all services, and in the event that your service is deemed "not covered" you will be responsible for the full amount. If your insurance requires an authorization to our office, it is your responsibility to obtain that prior to your appointment. If the insurance is denied for lack of authorization, you will be billed the full amount.
- 3. Returned Checks:** There will be a 35.00 service charge on all returned checks payable only by cash or credit card.
- 4. Demographic information:** It is the responsibility of the patient to ensure that all records are up to date including but not limited to; insurance information, address for billing, guarantor address, legal forms for HIPAA etc.

It is the policy of Stillwater Dermatology to expect payment for services within 30 days of receiving a bill. Our office utilizes an outside billing agency that adheres strictly to the following protocol. We will send two statements to you at the address you have provided. If we have received no response from you, or you have not cleared your account we will send you a letter notifying you that your account will be referred to an outside collection agency. We believe the main focus should be on your healthcare, therefore our office has implemented this worry free financial policy to ensure the best possible outcome.

**For your convenience we accept Visa, MasterCard, Discover, and American Express
If you have any further questions please contact our billing office, Heartland Billing, at
405-521-1969 or 866-491-2551.**

I understand that the office of Thomas Hall MD dba Stillwater Dermatology PLLC, or an associated billing company, may need to contact me regarding my account. Contact may be by telephone, which may include a wireless telephone number, or by email to an address that I have provided. Other methods of contact may include using pre-recorded/artificial voice messages and/or use of an automatic dialing device, text message or email, as applicable. By using any of these methods, I am aware a service charge, assessed by my existing plan, may occur.

I have read this disclosure and agree to the contact as described above.

Patient/Guardian Signature Date

List preferred method(s) of contact:

1. _____
2. _____
3. _____

I understand that the doctors' office has the right to expect my co-pay, coins, deductible at the time of each office visit.

Patient/Guardian Signature Date

I understand that the doctors' office has the right to expect payment according to the office policy, after the insurance company/s has finalized Explanation of Benefits, (EOB).

Patient/Guardian Signature Date