

Revised January 7th, 2010

Aurora Clinic and ND Center for Dermatology Insurance, Credit & Collection Policy

Welcome to Aurora Clinic and ND Center for Dermatology. The medical providers and staff are committed to providing a quality experience for all people who utilize our clinics their healthcare needs. To ensure that all patients are treated in an equitable, fair, and professional manner, the following policy and procedures has been established to assist in timely payment and/or insurance reimbursement of services provided and to maintain the financial viability of Aurora Clinic and ND Center for Dermatology.

If you do not have insurance the requirement up-front fee is as follows:

***Aurora Clinic Initial Visit: \$160**

***Aurora Clinic Established Visit: \$100**

***ND Center for Dermatology Initial Visit: \$160**

***ND Center for Dermatology Established Patient Visit: \$100**

The charges of your visit may vary depending upon the complexity of the visit. All additional charges for your visit are to be paid in full at the end of your appointment.

If you have insurance coverage, please read the following policies carefully.

*Proof of insurance (insurance card) is required and must be shown at time of service to insure correct billing information. All Medicare supplemental and secondary insurance cards must also be given at time of service.

*If services are for a worker's compensation injury, automobile accident or other accident related injuries, you must provide the name and address of the insurance company covering the injury, insurance agent name, the date of the initial injury and other specific information needed to submit a claim on your behalf at the time of registration.

* If correct insurance information is provided at the time of service, it is the policy of Aurora Clinic and ND Center for Dermatology to file claims to the appropriate carrier unless otherwise instructed.

*A monthly statement will be sent to the guarantor of the account after insurance has been paid and if a remaining balance is due. If no payment is received from the insurance company within sixty (60) days from the date of service, the account will become self-pay and transferred to guarantor responsibility. Those covered by Medicare, Medicaid, or Public Health will only receive a statement from Aurora Clinic and ND Center for Dermatology if there is a patient balance due.

*If you are covered under a Managed Care Plan through your employer, it is your responsibility to check and verify that Aurora Clinic and ND Center for Dermatology and the medical providers are authorized under your plan. Your visit may not be paid by your insurance company if Aurora Clinic and ND Center for Dermatology or the medical providers are not participating in your specific health insurance plan. Should this occur, your account will be considered self-pay and you will be responsible for the amount due.

*All co-payments designated by your specific insurance plan for clinic services, are the guarantor's responsibility and are **payable at the time of service**. If you insurance plan has a co-payment for clinic visits, please be prepared to pay that upon each visit.

*Patients with no medical insurance are considered self-pay and will be responsible for payment of all charges at the **time of service**. If full payment cannot be made, it is the guarantor's responsibility to arrange payment schedules with the appropriate business office personnel prior to services rendered.

Our "Non-Sufficient Funds and No Show" policies are printed on back of this page

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Aurora Clinic and ND Center for Dermatology
Non-Sufficient Funds (NSF) Policy

A **\$30.00** fee will be charged on all NSF checks that are returned.

No Show Policy

A “no show” is someone who misses an appointment without canceling it **24 hours** in advance. No shows inconvenience those individuals who need access to medical care in a timely manner.

A failure to present to *Aurora Clinic* at the time of a scheduled appointment will be recorded in our appointment system as a “no show”. A second “no show” appointment will result in **a fee of \$25.00 that will be automatically billed to the patient.** This fee is required to be paid prior to scheduling the patient’s next appointment.

A failure to present to the *North Dakota Center for Dermatology* at the time of a scheduled appointment will be recorded in our appointment system as a “no show”. **A fee of \$50.00 will be automatically billed to the patient.** This fee is required to be paid prior to scheduling the patient’s next appointment.

For special procedures such as Moh’s Surgery, the patient must cancel 72 hours in advance. The first time there is a “no show” for a special procedure, the patient will be automatically billed \$75.00. This fee is required to be paid prior to scheduling the patient’s next general appointment or procedure appointment.

In compliance with Medicare and Medical Assistance policies, Medicare or Medical Assistance patients will not be charged “no show” fees. If a Medicare or Medical Assistance patient needs to see their provider after two “no shows”, they will have to arrive at the clinic unscheduled and wait until the provider has time to see them. If a Medicare or Medical Assistance patient “no shows” for a procedure, reception will have to consult with the medical staff before being allowed to reschedule the procedure.

Questions regarding insurance submission, payment, refunds, or any other issues related to the charges on your account should contact us at (701) 732-2700.