

Financial Policy and Office Protocols

Patient Registration

New patients must complete the Registration process prior to receiving medical care. New Patients receive a Patient Registration link for **MyPatientVisit**, (MPV) our secure patient portal. Please create an account to complete your forms. Forms do not need to be printed from the portal. If you need to complete your forms in our office, please arrive 15-20 minutes prior to your scheduled appointment time.

Telehealth and Secure Electronic Communications

Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Health information is exchanged interactively from one site to another through secure electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services. DLC uses **Klara** as our telehealth platform. **Electronic communication cannot be used for emergencies or time-sensitive matters.**

Appointments

We send text and email reminders 3 days prior to the appointment. We require a 48-hour cancellation notice. **A \$130.00 fee is charged for cancelled appointments with less than a 48-hour notice unless for an emergency.**

Each time a patient misses an appointment without providing 48-hour notification ("no-shows"), another patient is prevented from receiving care. After two no-show appointments, we collect \$130 in advance to schedule future appointments. After three (3) no shows within a (1) year period, we may discharge the patient from our practice.

Please be aware that Monday appointments must be cancelled by noon on the previous Friday. For canceled/missed/and/or rescheduled Accutane follow-up appointments, please know that we may not be able to accommodate your appointment in a timely manner.

Appointment length is determined by the health issues that the patient tells our schedulers. When patients request additional time to address issues other than those originally scheduled, this may delay the next scheduled appointment. Please be considerate of those waiting.

Late Arrivals. If running more than 15 minutes late, we may need to reschedule your appointment or shorten your number of appointments. We will try to accommodate as we all run late sometimes.

DLC Insurance Contracts

Your insurance coverage is a contract between you and the insurance company. We are in-network providers with Medicare, Cigna, United Health Care and some Blue Cross Blue Shield plans*. We collect non-covered charges, copay, co-insurance and/or deductible amounts at the time of service. ***We do not accept BCBS Blue Local/Home, BCBS Blue Value, Cigna SureFit/ IFP nor Aetna insurance plans.** Payment is due in full at the time of the service. We accept cash, check, Visa, Mastercard, Discover, and American Express. There is a \$30.00 Returned Check Fee. **The cosmetic consultation fee is \$130.00.**

Referrals

If your insurance plan requires that your visit at DLC has a prior authorization or a referral, please obtain this from your referring Primary Care Provider. You are responsible for obtaining your insurance prior authorizations. If the DLC provider orders a test or referral to another specialist, please allow 5 days for our clinical staff to process your referral.

Returned Check and Collection Fees

We charge \$30 for each returned check occurrence. After 2 returned checks, we will no longer accept checks from you. If your account is referred to the Collection Agency, you must pay the outstanding balance in addition to the 30% Collection Agency charge. When these balances are resolved, we are happy to render care to you.

Medication Refills

Please allow up to 48 hours for prescription requests. Whenever possible, we try to accommodate requests the same day you call. Please submit your request via the PHARMACY who last filled your medication. Patients not seen at our office in at least one year are required to schedule an appointment before we may authorize refills.

Lab and Test Results

Your care may require us to send a specimen or blood work to an outside laboratory. The outside lab will bill you or your insurance company directly. **You will receive a separate bill from the labs: Tripoint Diagnostics, Dermtech and/or LabCorp.**

Some test and lab results can take up to 10-14 days. We will call you if your results require further treatment or evaluation. We communicate normal results on the **MyPatientVisit patient portal** or the **Klara patient portal**.

Medical Records

Medical record requests require 3 days notice and are subject to a fee. A **medical records release form** must be on file before records are released to an outside party. Records may be released to another provider free of charge. Your records may be released to you free of charge.

No Recording Policy. DLC prohibits the use of any recording devices in the waiting area or in the exam rooms. Any unauthorized recording or photography may result in dismissal from our practice.

Patient Responsibilities. As a patient, it is your responsibility to: truthfully complete all required chart forms; arrive for your appointment on time and prepared; follow the prescribed treatment plan; have dependable transportation to and from our office; have adult supervision post-procedure when/if required by our providers; obtain insurance referrals; accept financial responsibility for services not covered by your insurance; pay for services at the time rendered; and treat our staff and other patients respectfully. DLC has a zero-tolerance policy toward unacceptable conduct such as violence, disparaging language, and harassment.

I agree that I have completed all information truthfully and have read and understand my Patient Responsibilities. Failure to comply with DLC's Financial Policy and Office Protocols may result in dismissal from our practice.

Patient Signature: _____ **Date :** _____
Relationship to patient (if not self) : _____

Privacy Notice Agreement: I understand that the Dermatology & Laser Center of Chapel Hill, PLLC, may use my health information for treatment, payment, and health care operations. I have been shown a copy of the practice's Notice of Privacy Practices (NPP) that describes how my information may be used and disclosed. I understand that the Practice has the right to change this notice at any time. I may obtain a current copy of the NPP by contacting the practice at (919) 942-2922.

Patient Signature: _____ **Date :** _____
Relationship to patient (if not self) : _____