

## 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 health information is evaluated 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.

**Electronic communication cannot be used for emergencies or time-sensitive matters.**

**Remote visits are no longer an option for patients who regularly reside outside of North Carolina.**

### Portal and Messaging policy

The portal and messages are checked hourly throughout the day during office hours only.

We do not charge when patients use the portal or messaging platform:

- to ask about recent lab results in the last 1 month
- to ask a simple follow-up question related to a recent office visit within the last 1 month
- to respond to requests from our office

**Portal use and messages seeking medical advice need to be scheduled and a charge will be applied.**

We charge for and require a scheduled appointment for:

- Complex questions
- New health issues
- Requests for new Medication and/or prescriptions and care plan changes

**For your health and safety, please call 911 for emergencies. Critical care is not provided via the portal.**

### Appointments

We send appointment reminders 2-7 days prior to the appointment. We require a 48-hour cancellation notice. **A**

**\$150.00 fee is charged for cancelled appointments with less than a 48-hour notice unless for an emergency.**

After two no-show appointments, we collect \$150 in advance to schedule future appointments. After three (3) no shows within a (1) year period, we reserve the right to discharge the patient from our practice.

Monday appointments must be cancelled by noon on the previous Friday. For canceled/missed/and/or rescheduled Accutane follow-up appointments, 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. We may not address requests for additional time to evaluate issues other than those originally scheduled, as this delays the next scheduled appointment. Please be considerate of those waiting.

**Late Arrivals.** If running more than 15 minutes late, we reserve the right to reschedule your appointment or shorten your numb time. 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.** It is the patient's responsibility to know her/his insurance benefits. We are in-network providers with Medicare, Cigna, United Health Care and some Blue Cross Blue Shield plans\*. **\*We do not accept BCBS Blue Local/Home/ Value, Cigna SureFit/ IFP nor Aetna insurance**

FORM UPDATE REQUIRED ANNUALLY.

**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 \$150.00.**

### **Referrals**

If your insurance plan requires a prior authorization or a referral, please obtain this from your referring Primary Care Provider (PCP). 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 for Delinquent Accounts**

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 up to 30% delinquency charge. After these balances are resolved, we are happy to render care to you.

### **Medication Refills**

Please allow up to 48 hours for refill requests. Please submit your request via the PHARMACY. Patients not seen in at least one year are required to schedule an appointment before we consider refill requests.

### **Lab and Test Results**

Your care may require coordination with an outside laboratory. The outside lab will bill you or your insurance company directly. **You will receive a separate bill from the labs.** Some lab results may need 10-14 days to process. We communicate normal results on the MyPatientVisit patient portal. We communicate abnormal test results with a phonecall and a follow-up plan.

### **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; 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 policy noncompliance, 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.

**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 on the DLC website and/or by contacting the practice at (919) 942-2922.

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