

**Advanced Dermatology of Oregon, PC**  
**Financial Policy**

**All patients must read and sign this document, which will become a permanent part of the patient chart.**

We accept payment by cash, check, Visa and MasterCard. We will add a \$25.00 charge to your account for returned checks. Our billing office will assist you if you need to set up a budget payment plan.

We reserve the right to send all accounts with balances over 60 days old to an outside collection agency. All accounts sent to collections may be charged a \$10.00 processing fee. You may be responsible for all reasonable collections and attorney costs incurred.

**Insurance**

Please note that you, the patient, have a contract with your insurance carrier. It is the patient's responsibility to verify coverage for specialist services prior to being seen at our office. We do not guarantee that your insurance will cover our services.

As a courtesy to our patients, we will bill your primary, secondary and tertiary insurance carriers based on information you provide on your patient registration forms. It is the patient's responsibility to notify the clinic of any changes in your insurance coverage. We are required by the insurance carriers to verify your coverage at the time of service. Please bring your insurance card to every visit.

Co-payments are due at the time of service. We will bill you for deductibles and co-insurance balances when we receive payment from your insurance. If your insurance has not paid within 30 days, we reserve the right to make it your responsibility to follow up with them.

**Medicaid Coverage**

Please be advised that **Dr. Landers is a Non-Contracted Provider with Medicaid**. We do not accept or bill any form of Medicaid insurance. This includes the following programs but not limited to: *FamilyCare, OHP, and DMAP*. Furthermore, you will be financially responsible for any unpaid copays, co-insurance, and deductible balances if you have Medicaid as supplemental coverage to your primary insurance.

**Third Party Liability**

\$100.00 deposit is due at your first accident related visit. We will attempt to file claims with the third party insurance company that you designate. If the claims are denied, or a protracted lawsuit is involved, the patient is responsible to pay the account balance in full. We will bill your health insurance for balances left after your personal injury protection (PIP) is exhausted.

**Uninsured Patients**

We require a \$100.00 deposit at the time of your **first** visit. Every office visit thereafter we will require a \$25.00 deposit which will be applied to your account. A financial planning meeting needs to be held at your first visit with our billing office. Future visits and surgery cannot be scheduled until this meeting has occurred.

**Collection Status Patients**

If your account is in a collection status, we will require \$100.00 at each office visit which will be applied to your account balance. We reserve the right to discharge from our practice any patients with delinquent accounts.

**Agreement to Financial Terms:**

I understand that my insurance plan may require a referral from my Primary Care Physician to cover visits to a specialty physician. At this time, I have not provided Advanced Dermatology of Oregon, PC with adequate verification that a referral was obtained for treatment by this clinic. I agree that if my insurance carrier denies payment of claims for this reason, I will be financially responsible for any charges incurred in the course of my care.

**I have read and understand the terms of this financial policy. I agree to comply with the terms set forth in this policy for services rendered by Advanced Dermatology of Oregon, PC.**

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**Patient/Guarantor Signature**

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**Relationship to Patient**

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**Date**