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## Financial Policy

Thank you for trusting your medical care to Lakes Dermatology. We strive to render excellent care to you, your family, and all of our patients. We ask that you review our Financial Policy below that includes more information on your financial obligations when services are rendered to you. We look forward to seeing you!

### Insurance:

- Lakes Dermatology specializes in Dermatological care so your medical services are considered medically necessary or Cosmetic but never preventative. **Preventative care** is provided by your Primary Care Provider or Specialty providers who render service that your Primary Care Provider cannot render (example: Colonoscopy or Mammogram). There are no preventative codes in Dermatology for us to submit to insurance. We will gladly file your insurance claim on your behalf to the companies with which we participate. We allow 45 days for your insurance company to process the claim. If the insurance company does not process your claim within that time, you will be responsible to pay the entire amount. We will not become involved in disputes between you and your insurance company regarding coverage and/or policy benefit criteria such as deductibles, copays, co-insurance, non-covered services, and coordination of benefits.
- You should confirm that Lakes Dermatology is "in-network" with your insurance plan. Contact your insurance company prior to your visit to clarify your covered benefits for Dermatology. If we are considered "out-of-network", you are responsible for full payment at the time of service. You can then submit the itemized bill to your insurance if allowable.
- Lakes Dermatology accepts many insurance carriers, PPO's, and HMO's. Charges for the services billed to our contracted insurance carriers will be discounted to their allowed amount. You are responsible for any copays, deductibles, any non-covered services, and usual and customary amounts for non-contracted insurance. There may be some networks within these insurance carriers that we are not contracted with and it is your responsibility to know if we are considered in-network or not. Also, if your insurance requires a referral, you must obtain one prior to your visit.
- Please bring your current medical insurance card to every visit and notify us if there is a change in your insurance coverage.
- If your insurance requires a referral, you must obtain one prior to your visit.
- Co-payments are due at the time of check-in along with any amount due on your account. If you are unsure of your copay, deductible, or coinsurance amount please contact your insurance company for clarification prior to your appointment.
- You will be asked to sign an Authorization and Release of Information form, which allows us to bill and receive payment from your insurance company.

### Patients Without Insurance:

- If you do not have insurance, or your insurance company does not cover your services, we require that you pay cash at service. Make sure your provider is aware that you are cash pay and discuss costs before procedures.

### Cosmetic Services:

- Cosmetic services are not covered by insurance and must be paid in full at the time of service if prepayment has not been made.

- Payment in full is required at the time of scheduling for Sculptra.
- A \$100 deposit is required to reserve certain cosmetic appointments. This will be applied to your cosmetic services that day. If you cancel less than 24 hours (or 72 hours) in advance, the deposit of \$100 will be lost

**Laboratory Services:**

- If you receive laboratory services such as blood tests, you may receive a bill from Quest Diagnostics Laboratories as they perform the analysis of the lab specimen.

**Pathology Services:**

- If you have a tissue biopsy done, you may receive a separate bill from Aurora Diagnostics in addition to your bill from Lakes Dermatology, as their pathologists perform the analysis of tissue. Lakes Dermatology will bill for the biopsy and technical processing of the tissue sample.
- There may be times where additional diagnostic testing needs to be done which may require additional charges.

**Appointment Cancellation Policy:**

- Your appointment is reserved especially for you. Should you need to cancel or change the date of your appointment, we would appreciate 72 hours' notice. This allows the appointment to be given to another patient in need of care.
- A patient who fails to show up for a scheduled appointment without prior notice will be considered a "no-show". Patients who no show or cancel two times without 72 hours' notice may be considered for dismissal from the practice.

**Billing:**

- You will receive an itemized statement monthly, and payment is due within 30 days of the statement date. If you are unable to pay the balance in full, please contact our billing office immediately to preserve your credit.
- We accept: cash, check, and credit cards.
- If you would like to pay your statement with a credit card, please call our billing department at 612-404-0777 to do so.
- You are ultimately responsible for all fees relating to your care.
- Any balances that have been unpaid for a period of 60 days or longer will be sent a notice letter. This is the final opportunity that you have to resolve your account. If no contact is made to our office, your account may be sent to our legal collection agency. All contact regarding your account must then be made with the legal collection agency's account representative.
- Please report all address, insurance, and/or telephone changes promptly by calling our office.
- Responsibility for minor/dependent accounts rests with the legal guardian and we may ask for proof of guardianship. Any court ordered responsibility judgement must be determined between the individuals involved.
- If at any time you have questions regarding your bill, please call our billing department at 612-404-0777 and we will be happy to assist you.

**Patient Satisfaction:**

- Lakes Dermatology takes pride in the services that we provide to our patients. It is important to us that our patients are the center of our practice. Our goal is to provide you with the highest quality of care in a courteous and professional setting. If at any time your experience with us did not meet your expectations, please contact us to report your question, issue, or concern.

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Name of Patient (please print)

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Patient/Responsible Party if under 18 Signature

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Date