



UNDERSTANDING HOW YOUR INSURANCE WORKS

Welcome to Aesthetic Specialty Centre! We are pleased that you have chosen us for your dermatology/plastic surgery needs. Many patients have questions about doctor visits and insurance, and we hope that the information provided here will answer many of the questions you might have about our services, policies and procedures. Our office accepts most of the major insurance plans (Medicare, BCBS, Aetna, Cigna, Coventry, United Healthcare and Tricare) as well as many others. It is **YOUR** responsibility to know if our providers are participating with your insurance plan. The wide variety of companies, plans, and coverages available makes it impossible for our staff to know all the specifics of your coverage, so it is essential that you understand the coverage that your health insurance plan provides for you and your family.

You will be asked to present your insurance card at every visit. And in order to protect you from the rising incidence of insurance fraud, we require a photo ID when you check in for your appointment. If you are unable to provide this information, we will be happy to reschedule your appointment for a later date.

Our charges for services, including office visits, procedures, and surgery are based upon the severity and complexity of your condition, as well as the time spent treating you. In general, the office visit involves the consultation and counseling portion of your charge. Any procedures such as biopsies, treatment of AKs, inflamed SKs, or warts with liquid nitrogen, kenalog injections to scars or cysts, draining of cysts, excisions, or foreign body removals are separate codes billable to your insurance plan and may be subject to your plan's deductible, coinsurance, and/or copay. These procedures also may require re-treatment at a later date and additional charges. **All insurance benefits are subject to all plan provisions and eligibility in force when services are rendered. All expenses are limited by the plan's fee schedule and medical necessity guidelines.**

Key terms you must understand:

1. **Premium** – the amount you and/or your employer pay every month to the insurance company for your health care policy.
2. **Copayment (copay)** – a specific dollar amount you are required to pay when you have an office visit with your doctor. Some companies have a set amount for your primary care physician and a higher amount for a specialist. Our ASC providers are specialists. Copays are collected every time you see the doctor.
3. **Deductible** – the amount you may be required to pay out of pocket before the insurance company pays your medical claims. Many plans have separate deductibles for in-network care, out-of-network care and prescription medications.
4. **Coinsurance** – the amount (\$ or %) you are responsible to pay after copayments and deductibles have been met.

It is currently the policy of our office to collect copays before a patient is seen by the provider. We will bill your claim to your insurance company, and you will receive a statement showing any patient responsibility on the account once the claim is processed. If you have questions regarding your statement, please contact your insurance company for their explanation.

Please note this office only sends three (3) statements for payment. The second and third statements will each accrue an additional \$5 re-billing fee. If payment is not received, your account will be placed for collection without further notice. If your account is placed with our collection agency, a 35% fee will be added to cover collection costs.

Dermatologic Services Typically NOT Covered By Insurance:

- Removal of skin tags
- Removal of non-cancerous moles
- Removal of sun freckles, age spots, liver spots
- Removal of blood vessels, cherry angiomas
- Leg vein injections
- Botox injections
- Dermal fillers
- Laser procedures
- Chemical peels
- Earlobe repairs/ear piercing

Patients must accept full financial responsibility for the above procedures. Payment is due at the time of service.