

## PAYMENT POLICY

As we discussed by phone when scheduling your appointment, we want to clarify the office's payment policy so that there are no surprises. Dr. Fader is contracted with many insurance companies, and many plan types within an insurance company. Due to the number of plans and rules, as well as the variable quality and competence of their customer service, we need to establish our policy:

### Surgical patients

We will do our best to verify coverage and obtain prior authorization and/or the necessary referrals prior to your surgical visit. Please understand that **insurance staff** occasionally provide wrong or misleading information leading to subsequent denial of coverage after the surgery has been performed. Often considerable time has been spent by our staff trying to follow the correct procedures. We are told that you are covered or that Dr. Fader is "in network", and then afterwards someone else tells us that you were not covered or that Dr. Fader is "out of network". If that occurs, the bill will be your responsibility, even if your insurance company claims that our office did not obtain the authorization properly.

**We strongly advise that you also verify that your insurance covers the procedures by Dr. Fader and that you understand your out-of-pocket costs, including co-pays and deductibles. We urge you to keep a record of who you spoke to (and when) and ideally have a written confirmation of coverage.**

Since you are the customer of your insurance policy, the insurance company will listen to your complaint and heed your documentation to retain your business. It often does not respond to us, even when we prove we obtained pre-authorization.

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### General dermatology office visits

We will be happy to schedule your appointment, deliver the care you need, and submit your claim to your insurance company with any requested documentation. But, we will not routinely call your insurance company to confirm coverage or "in- vs. out of network" status".

**We strongly urge you to verify that your insurance company covers this visit with Dr. Fader. You need to find out if a referral/authorization is needed and then let us know so that we can obtain this prior to your visit. Any denials, or any contracted balance not covered by your insurance, will be your responsibility.**

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We have always been amenable to payment plans, and can work with you, if needed.

Your signature below indicates that you have read and understand the above, that this has been explained **before** you were treated by Dr. Fader, and that you agree to honor your payment responsibility.

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Patient or Responsible Party Signature

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Date