

LUPO CENTER for AESTHETIC and GENERAL DERMATOLOGY
ABOUT FINANCIAL ARRANGEMENTS AND MEDICAL INSURANCE

We are committed to provide you the best possible care. If you have medical insurance, we are anxious to help you receive your maximum allowable benefits. In order to achieve these goals, we need your assistance, and your understanding of our payment policy.

Payment for services is due at the time services are rendered. We accept cash, checks, Visa, MasterCard, Discover and American Express. The receipt that is given to you after your visit has been designed to be used for insurance purposes. Our office staff will file Medicare claims and PPO claims for plans we participate in. We ask you to provide us with a completed, signed claim form if your insurance company requests their own claim forms. We will need a copy of your insurance card so that we can submit a claim for your visit.

Returned checks and balances older than 30 days may be subject to additional collection fees. We will gladly discuss your proposed treatment and answer any questions relating to your insurance. You must realize, however, that:

1. Your insurance is a contract between you, your employer and the insurance company. We follow the guidelines of Medicare and all PPO plans we participate in. Payment from your PPO Plan is expected 30 days after the claim is received by your plan.
2. Our fees are generally considered to fall within the acceptable range by most companies, and therefore are covered up to the maximum allowance determined by each carrier. This applies only to companies who pay a percentage (such as 50%, or 80%) of "U.C.R.", defined as usual, customary and reasonable fees for this region. Thus, our fees are considered usual, customary and reasonable fees by most companies. This statement does not apply to companies who reimburse on an arbitrary "schedule" of fees which bears no relationship to the current standard and cost of care in this area.
3. Not all services are a covered benefit in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
4. Medicare and some PPO Plans have deductibles that must be met each year. These deductibles are the responsibility of the patient and will be collected at the time of the visit.
5. You are responsible for notifying this office of any change in insurance coverage.

We must emphasize that as health care providers, our relationship is with you, not your insurance company. While the filing of insurance claims is part of the contract this office has with certain PPO Plans and Medicare, all charges are your responsibility from the date the services are rendered. We realize that temporary financial problems may affect timely payment of your account. If such problems do arise, we encourage you to contact us promptly for assistance in the management of your account.

If you have any questions about the above information or any uncertainty regarding insurance coverage, PLEASE do not hesitate to ask us. We are here to help you.

I understand and agree that (regardless of my insurance status), I am ultimately responsible for the balance on my account for any professional medical services rendered. I acknowledge that this fee is incurred on open account for professional medical services. In accordance with R.S. 9:2781, I acknowledge that if I fail to pay the balance due on this open account within thirty (30) days after written demand, and in the event judgment is rendered against me, in addition to the principal balance due, I shall be liable for reasonable attorney fees, legal interest from date of judicial demand, until paid, plus costs of court. In the event this account is referred to an attorney or outside collection agency for collection, I agree to pay reasonable attorney/collection fees for the prosecution and collection of such claim. I have read all the information on both forms and have completed the patient information sheet. I certify this information is true and correct to the best of my knowledge. I will notify you of any changes in my health status or the information provided.

Signature

Date