## dermatology

## MEDICARE AND SECONDARY INSURANCE PAYMENT POLICY

Dermatology Associates are Medicare participating providers. We do accept assignment on all claims. Please note that our participation in the Medicare program still requires that you, the patient be responsible for payment of your \$183 annual Medicare deductible and 20% of your Medicare approved charges. If you have secondary coverage, as a courtesy to you, we will file with your secondary/supplemental carriers. However, in the event that the secondary insurer does **not** pay the remaining 20% of approved Medicare charges or does **not** cover your deductible or does **not** pay within 60 days, you, the patient, will be billed for the balance on your account.

	your decount.
	MEDICARE REPLACEMENT PLANS
	Is your insurance an HMO or Medicare replacement plan?   YES   NO
	Does your insurance require a referral? ☐ YES ☐ NO If yes, please present referral
	Do you have a co-pay?   YES   NO   If yes, your copay is payable today.
insuranc provider	eve recently joined a Medicare HMO or a supplemental HMO plan or have new supplementalle, please let our staff know so that we can update our file and confirm that we are participating so the second please be aware that most HMO plans overrule your Medicare provisions for choice of providers.
ž	AUTHORIZATION/AGREEMENT STATEMENT
at Dern explanat needed,	, authorize supplemental benefits to be paid for any services/treatment rendered natology Associates. I,authorize release of medical information, including ion of benefits, primary insurance information, and medical records to the above carrier, as to determine benefits payable for related services/treatment. I understand that I am ble for my \$183 deductible and for any charges not paid for by Medicare or my supplementa
Date:	Signature:
Please present your Medicare card and other insurance card(s) and any required referrals and co-pays along with this completed form.	
Thank y	ou, we appreciate your cooperation.