

dermatology

ASSOCIATES

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.

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.

If you have recently joined a Medicare HMO or a supplemental HMO plan or have new supplemental insurance, please let our staff know so that we can update our file and confirm that we are participating providers. Please be aware that most HMO plans overrule your Medicare provisions for choice of medical providers.

AUTHORIZATION/AGREEMENT STATEMENT

I, _____, authorize supplemental benefits to be paid for any services/treatment rendered at Dermatology Associates. I, _____ authorize release of medical information, including explanation of benefits, primary insurance information, and medical records to the above carrier, as needed, to determine benefits payable for related services/treatment. I understand that I am responsible for my \$183 deductible and for any charges not paid for by Medicare or my supplemental insurer.

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 you, we appreciate your cooperation.

