



OFFICE & PAYMENT POLICIES

Thank you for choosing *Ricks Advanced Dermatology & Skin Surgery*. We realize that you have a choice in dermatology providers and are pleased that you have chosen to seek care with us. The staff at *Ricks Advanced Dermatology* strives to exceed expectations in care and service in order to make your experience with us as comfortable and stress free as possible. Our goal is to provide quality medical care in a timely manner. We have developed our office and payment policies with that in mind. Please feel free to contact our office if you have any questions regarding our policy. A copy of this document will be provided to you upon request.

OFFICE HOURS

Our office is available Monday-Thursday 7:30 AM – 5PM, and Friday 8 AM – NOON. Our phones activate daily at 8:00 AM. You can reach us at **785-408-5800**. If you need an appointment, test results, or any other information, please call during regular business hours.

APPOINTMENTS

Ricks Advanced Dermatology is committed to providing quality care to our patients. To ensure timely continued care, we encourage patients to schedule appointments in advance of “follow up” or “routine” due dates. We strive to give all our patients the time that they require. Taking an active role in your health care helps us to manage your medical needs efficiently and effectively.

To ensure quality care, *Ricks Advanced Dermatology* does not treat any patient that has not yet been evaluated in our office. We cannot call out prescriptions, or offer medical advice to patients **prior** to their initial visit.

CANCELLATION OF AN APPOINTMENT

In order to be respectful of the medical needs of our patient, please be courteous and call *Ricks Advanced Dermatology* promptly if you are unable to attend an appointment. This time will be reallocated to someone who is in need of an appointment.

Appointment reminders are sent out three days prior to your scheduled visit, via the method you requested on your intake form (text, email, or phone call). Timely confirmations are encouraged by any of these methods, as they help our staff prepare for the following day. If it is necessary to cancel or reschedule your appointment, we ask that you call by 3pm **the day prior to your scheduled appointment**. (For Monday appointments, we ask you call on Friday by 11AM) Failure to notify us within this time frame will result in a \$25.00 “late cancellation” charge to your account. This fee will not be billed to insurance, and must be paid prior to your next appointment.

NO SHOW, NO CALL POLICY

A “no show, no call” is someone who misses a scheduled appointment without calling or informing us they will not be keeping that appointment. No shows inconvenience those who need access to medical care in a timely manner.

A failure to present at the time of a scheduled appointment will be recorded in your medical record as a “no show, no call.” An administrative fee of \$25.00 will be billed to your account. You will be sent a letter alerting you to the fact that you failed to show for a scheduled appointment and did not call to cancel the appointment within the parameters of our office policy, along with the bill for the administrative fee. A copy of the letter will also be placed in your medical record. The fee must be paid before a new appointment will be scheduled for you.

Three (3) “no show, no call” will result in a termination of your patient status with us.

****Please note that “no show, no call” charges are patient responsibility and will not be billed to your insurance company.*

INSURANCE

We accept most insurance plans, including Medicare. We will also file insurance claims on your behalf. Because your insurance is a contract between you and your health insurance, it is your responsibility to obtain any necessary referrals (if required). We will also verify insurance coverage; however, **our verification is not a guarantee of benefits payable by your insurance.** Knowing your policy benefits and limitations is your responsibility. If you have any questions regarding coverage, copayments or deductibles, we strongly suggest you contact your insurance company before any services are rendered.

PROOF OF INSURANCE

All patients will complete a health history intake form, and provide us with insurance information and current insurance cards. This information will be scanned into your medical record. Failure to notify *Ricks Advanced Dermatology* of an insurance change may result in a claim denial, which may cause the balance to become patient responsibility. (Some insurance companies have “timely filing” limitations in regards to claim submission.)

COPAYMENTS / DEDUCTIBLES

Patients are responsible for copayments at time of service. This arrangement is part of your contract with your insurance company. You may be asked for a “good faith” payment towards a scheduled surgery or procedure if your insurance deductible has not been met.

PAYMENTS

Ricks Advanced Dermatology accepts cash, personal checks, MasterCard, Discover, Visa, American Express. Checks can be made out to *Ricks Advanced Dermatology*.

It is the policy of *Ricks Advanced Dermatology* to make all reasonable attempts to collect outstanding balances should they accrue, including payment arrangements. All payment plans must be negotiated and approved by the billing staff; we ask that you call as soon as possible to initiate a monthly payment arrangement, if needed. Statements are sent out monthly. If your account is over 90 days past due, you will receive a series of notifications and/or letters to try and solicit payment from you. If you receive a **FINAL NOTICE** letter, you will have 10 days to remit **FULL** payment. Partial payments will be posted to your account; however, it will not prevent your account from being placed to a third party for the purpose of collection.

RETURNED CHECK FEE

Ricks Advanced Dermatology will assess a \$35.00 service charge for any returned check.

FORMS / LETTERS

We understand that at times, various forms or letters may be required to assist you with your healthcare needs. Because this can be somewhat time consuming, please allow 5-10 business days for completion of requested forms/letters.

MEDICAL RECORDS

Per HIPAA guidelines, copies of medical records **must** be requested in writing. To ensure your privacy, a form release of medical information must be completed prior processing your request. Records being forwarded to another provider and/or medical facility will be processed and sent timely at no charge. Records for personal use will be processed and assessed a copying fee of \$15.00 for any record 50 pages or less, + \$.50 per each additional page. This fee must be paid before records are mailed or picked up. Please allow at least 3 business for completion of this request.

PRESCRIPTION REFILLS & PHARMACY INFORMATION

Please inform *Ricks Advanced Dermatology* of your pharmacy preference, and update us should this change. We ask that you contact your **pharmacy** if you have exhausted your refills. That pharmacy will fax us the medication refill request, which contains all the needed information. Please allow 48 hours, or two business days for authorization of refill requests.

Ricks Advanced Dermatology cannot authorize refills on a prescription that was not generated through our office. You must contact the ordering provider to approve those refills.

Patients are required to be seen yearly (at minimum) if medication is prescribed by one of our providers. Refills will not be authorized if it has been greater than 12 months since the last office visit. **Please note, it is not the policy of *Ricks Advanced Dermatology* to routinely order narcotic pain medication.**