

Thank you for choosing Arch Dermatology Institute, LLC for your care needs. We (Arch Dermatology Institute, LLC) are committed to providing outstanding medical treatment and care. We acknowledge that health insurances' plans in today's healthcare are complex and confusing. Nonetheless, we do our best to navigate this with the patient (you) and inform you of your personal and financial responsibility in obtaining your care. To help in that goal, we share the following 8 policies with every patient:

1) **INSURANCE:** The patient's insurance policy is a specific contract between the patient and the insurance company. Arch Dermatology Institute LLC has no part in the negotiations or coverages in this contract between the patient and his or her insurance. If you have concerns for coverage or your plan, please contact the Customer Services Department of your insurance company to verify your benefits (This phone number is listed on the back of your insurance card).

Arch Dermatology Institute LLC will file insurance claims for the convenience of our patients. But to do this, it is the patient's responsibility to provide accurate insurance and personal demographic information. Incorrect or invalid insurance or demographic information may create a situation where the patient is financially responsible for some or all of their care. If any insurance or demographic information changes, please notify us as soon as possible.

2) **INSURANCE REQUIREMENTS:** Prior to receiving care, it is the patient's responsibility to confirm their insurance network eligibility and collect any pre-certifications, referrals, or prior authorizations that his or her insurance requires to cover the patient's medical care. This is dependent on the patient's specific plan. Your signature below signifies clear understanding of the following:

(a) We cannot verify whether or not your specific insurance plan has specifications such as restrictions on your physician network, referral requirements or other pre-requisites that impact the insurance coverage.

(b) Insurance carriers may deny submitted claims based on their own rules or specifications. We will do everything we can to resubmit your claim to your insurance's liking and/or unique requirements. We will strive to work with your insurance carrier(s) so that you can get the coverage you deserve but for this reason, we cannot make any guarantees of insurance coverage before or after services are rendered.

(d) Any of the above may result in you being responsible for all charges incurred for your medical care.

3) **POINT OF CARE COLLECTION:** For insured patients, all copays and deductibles are to be paid at the time you receive services. We utilize real-time adjudication software to pull your insurance benefits through the electronic medical record for good faith estimates or 110% current year's CMS Fee Schedule. This is dependent on your insurance maintaining accurate benefits information and your insurance company is the entity responsible for providing benefits information accurately to us. Any inaccuracies in your benefits or benefits information are not the responsibility of Arch Dermatology Institute and are to be addressed with your insurance directly. Arch Dermatology Institute is required by insurances to collect any patient

responsibilities independently. If any discounts or refunds arise after insurance claim adjudication, refunds will be distributed to you at that time.

4) DELINQUENT PAYMENTS & ADMINISTRATIVE FEES: Patients will be sent two (2) monthly billing statements for any outstanding balances to the residence documented in their chart. It is the patient's responsibility to confirm that this demographic information is correct and up to date. If payment is not received for balances sixty (60) days outstanding from the date of the initial statement, the account will be considered delinquent and a one-time \$50.00 Administrative Late Fee will be assessed to the account. This fee is a liquidated damage intended to offset the practice's actual internal costs associated with extended billing cycles, mail postage, manual account oversight, and administrative labor; it is not a penalty or interest charge. This fee is not covered by insurance and is the sole responsibility of the patient. If you are experiencing financial hardship, you must contact our billing office at 314-474-7366 PRIOR to the 60-day mark to establish a formal payment plan and avoid the assessment of this fee. Any outstanding balances, including administrative fees, must be paid in full prior to the patient being scheduled for any future appointments.

5) PATIENTS WITH NO INSURANCE, OUT OF NETWORK OR SELF PAY: Payment will be due in full at the time of services rendered. Price listings for certain services are available before the services are performed. Under the No Surprises Act, you have the right to receive a 'Good Faith Estimate' explaining how much your medical care will cost. If you do not have insurance or are not using insurance, we will provide you with an estimate of the bill for medical items and services in writing at least 1 business day before your service. If you receive a bill that is at least \$400 more than your Good Faith Estimate, you have the right to dispute the bill. For more information, visit www.cms.gov/nosurprises

6) NON-COVERED SERVICES: Cosmetic services are not covered by insurance. The payment is due in full at the time that services are rendered.

7) NO-SHOW/LATE CANCELLATION FEE: Each time a patient misses his or her appointment, another patient is prevented from receiving care. In effort to limit this and preserve patient access to healthcare, a No Show/Late Cancellation Policy has been implemented. Patients who wish to cancel their appointment are required to notify the clinic at least 24 hours BEFORE their scheduled appointment time. Patients who do not show for their appointment or do not provide notification to cancel at least 24 hours before the appointment time will be charged a \$50.00 NO-SHOW fee ("no shows"). This fee is NOT covered by insurance and must be paid in full by the patient prior to scheduling the patient's next appointment.

8) DECLINED OR RETURNED CHECKS AND DECLINED CREDIT CARD TRANSACTIONS: The patient will be charged a \$45 service fee for any returned or declined checks or inactive credit cards placed on file, no exceptions. To avoid this fee, patients will be given a 5-day grace period to provide updated payment information following a declined transaction. This fee is NOT covered by insurance and must be paid in full by the patient prior to scheduling the patient's next appointment. Patients have the right to revoke any credit card on file (CCOF) authorization at

any time by providing written notice to Arch Dermatology Institute, LLC. We will notify you via your preferred communication method 48 hours prior to charging any card on file for balances exceeding \$100.

9) PROTECTION FROM SURPRISE BILLING: Under the No Surprises Act, you are protected from "balance billing" (sometimes called "surprise billing") when you receive emergency care or are treated by an out-of-network provider at an in-network facility. You are only responsible for your in-network cost-sharing (copays, deductibles, or coinsurance). For more information or to report a billing concern, contact the Missouri Department of Commerce and Insurance at 800-726-7390 or the Federal No Surprises Help Desk at 800-985-3059.

By signing below, I acknowledge that I have fully read, understand and agree with the above. Upon signing, I voluntarily give full consent for myself, and/or my child or the person for whom I am legal guardian, to be examined and treated for medical care, including diagnosis and/or treatment, by the clinicians and staff of Arch Dermatology Institute, LLC. This consent is valid until I provide written documentation of removal of my consent to Arch Dermatology Institute, LLC. I also hereby assign and authorize payment of medical benefits to Arch Dermatology Institute, LLC and payments may be made on my behalf directly for services rendered.