BLUE WATER
DERMATOLOGY

2339 Medico Ln, Suite 101
Viera, Florida 32940
321-406-8615
welcome@BWDermFL.com

Financial Policies

Thank you for choosing BlueWater Dermatology, the trade name of BW Dermatology, PLLC ("BlueWater Dermatology" or "the Practice"). We are dedicated to providing the best care and best service we can for each of our patients.

Healthcare costs today are challenging and complex, and we will do our best to provide good faith cost estimates when required. Below are our policies and expectations to ensure we can provide the best healthcare to you and your family.

Please read carefully and ask questions.

CREDIT CARD ON FILE (CCOF)

Recent changes in healthcare markets and payment processes have shifted more of the cost of care to patients. The CCOF policy is a convenient method to pay for the portion of services that are the patient's responsibility, such as copays, deductibles, and coinsurance. The credit card on file will also be used to cover missed-appointment fees. Your card information is stored securely and is never shared with third parties.

To keep our billing process fair and efficient for everyone, we ask patients to keep a valid credit card on file and to notify us if that information changes. If a payment dispute is filed for a charge that was processed correctly and in accordance with our stated financial policies, a $200 administrative fee may apply.

MISSED APPOINTMENTS

We respect your time and do not "overbook" patient appointments. We require 1 business day's notice to cancel or reschedule an appointment. Failure to notify us properly will result in a $50 fee for an office visit and a $150 fee for a surgical visit. These charges will be billed to your card on file and are not covered by insurance. An appointment is also considered missed if the patient arrives more than 30 minutes late for a medical visit or more than 15 minutes late for a surgical procedure.

INSURANCE

Your insurance policy is a contract between you and your insurance company. You should understand what is covered under your specific plan. It is the responsibility of the patient to provide BlueWater Dermatology with accurate and current information regarding your insurance coverage. BlueWater Dermatology will make every effort to assist you in understanding your benefits but cannot be held responsible for informing exactly which services are covered.

ASSIGNMENT OF BENEFITS

I hereby assign all my rights and claims for reimbursement under my health insurance policy -- including Medicare and any other governmental payor -- to BlueWater Dermatology. I agree to provide information as needed to establish my eligibility for such benefits. I authorize BlueWater Dermatology to release to any insurer or governmental payor for medical services any information needed to determine the benefits payable for such services.

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REFERRALS

Your insurance plan may require a referral be submitted by your primary care physician to obtain dermatologic care or Mohs surgery. It is your responsibility to obtain the necessary referral so that your insurance plan will accept the claim from our practice. Missed appointment fees may be assessed for late cancellations. If a claim is denied due to lack of a required referral, the patient (or beneficiary) will be responsible for full payment of the office visit.

SELF-PAY AND NON-COVERED SERVICES

Without exception, payment is expected in full at the time of service.

PATIENT RESPONSIBILITY FOR BILLED AMOUNTS

Co-pays are due at the time of visit. At check-in, credit card information will be obtained and kept confidential and secure until your insurance has processed the claim. Once your insurance has adjudicated your claim and your patient responsibility has been determined, we will send you a single statement (via mail, email, and/or text message) stating the balance due and the date -- no sooner than 10 days from the date of that statement -- on which your card on file will be charged. If you wish to dispute the balance or update your payment method, please contact our office before that date. If we are unable to reach you, your card is declined, or your card has reached its limit, the balance will be subject to additional collection activity.

COLLECTION COSTS

In the event my account is referred for collection, I agree to pay all collection costs, including reasonable attorney fees.

I understand that BW Dermatology, PLLC d/b/a BlueWater Dermatology accepts credit card payments as a convenience, and that doing so is my choice. I acknowledge that credit card transactions cost the practice a real processing fee charged by the card issuer, and that a surcharge of 2.5% will be applied to any payment made by credit card to offset that cost. I understand I may avoid this fee entirely by paying with cash, check, or debit card, and that the practice does not add any surcharge to those payment methods.

CONSENT TO CONTACT

I authorize BlueWater Dermatology to contact me regarding appointment reminders, billing matters, and other healthcare-related communications via phone, text, or email -- including through the use of automated dialing systems, pre-recorded messages, or automated text messages. I understand I may revoke this consent at any time by notifying the office in writing.

The undersigned hereby agrees to these terms as the patient or legal representative to the terms described in this financial policies document. I have read each section and been given the opportunity to ask questions.