

ADVANCED DERMATOLOGY & COSMETIC CARE

FINANCIAL POLICY - Updated April 2026

FINANCIAL POLICY – SIMPLE OVERVIEW

Insurance & Your Responsibility

We will bill your insurance as a courtesy. Once your insurance processes your claim, they determine what portion (if any) is your responsibility.

This may include:

- Copays
- Deductibles
- Coinsurance
- Non-covered services, including services rendered during each visit regardless of final insurance determination.

Credit Card on File – Applicability

Required for:

- Patients with commercial (PPO) insurance
- Self-pay patients

Not required for:

- HMO plans
- Medicare or Medicare-related plans

Why We Ask for a Card on File

Healthcare billing has changed significantly in recent years.

In **June 2024**, the **Consumer Financial Protection Bureau (CFPB)** proposed changes to limit the use of medical debt in credit reporting. This was followed by a **final rule issued January 7, 2025**, under the framework of the **Fair Credit Reporting Act (FCRA)**.

As a result:


- Medical debt is much less likely to impact credit
- Healthcare providers have fewer tools to enforce payment after services are rendered

Because of this, many practices—including ours—use a **card-on-file system** to:

- Simplify billing
 - Reduce delays
 - Avoid unnecessary collections
 - Focus on patient care
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How Billing Works

1. We submit your claim to your insurance
2. Your insurance processes the claim
3. You receive an Explanation of Benefits (EOB)
4. We receive the same information

 You are billed based strictly on your insurance-determined responsibility

When You Will Be Charged

- Charges are processed **approximately 10 days after insurance processing**
 - You will always receive **notification prior to any charge**
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Alternative Option (Deposit Instead of Card on File)

If you prefer not to keep a card on file:

- Leave a **\$250 deposit**
- Held for **90 days**

- Applied to balances
 - Remaining amount **refunded after 90 days**
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Medicare Patients

- No card on file required. Autopay is not applicable to Medicare patients and Medicare affiliated patients.
 - You may be asked to sign an **Advance Beneficiary Notice (ABN)** for non-covered services
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Questions or Concerns

You may contact us at any time. We will review your account, explain your insurance, and correct any errors.

Our Commitment

- Clear billing
 - No surprises
 - Accessible support
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Acknowledgment

By receiving care at Advanced Dermatology & Cosmetic Care, you acknowledge and agree to this financial policy.

FULL FINANCIAL POLICY

Patient Responsibility

All charges are the patient's responsibility, regardless of insurance coverage.

Insurance & Payment Requirements

- Insurance must be provided at scheduling and check-in
- Copays, deductibles, and coinsurance are due at the time of service
- Patients must notify us of any insurance changes

Important:

- Not all providers are contracted with all plans
 - Medical necessity does not guarantee insurance coverage
 - Non-covered services remain patient responsibility, including services rendered during each visit regardless of final insurance determination.
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Authorizations & Referrals

Patients are responsible for obtaining required referrals or authorizations. Failure to do so may result in full patient responsibility.

Secondary Insurance

Secondary insurance will be billed as a courtesy when possible. If it does not pay, the remaining balance is the patient's responsibility.

Insurance Processing Timeframe

If a claim is not processed within **45 days**, the balance may become patient responsibility.

Procedures & Dermatology Care

- Many dermatologic conditions require ongoing treatment

- Charges apply per visit and procedure
 - No guarantee of outcome is implied
 - Patient responsibility cannot be waived
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Procedures & Laboratory Charges

Some services generate separate billing:

- Procedure fee
 - Pathology/laboratory fee
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Cosmetic & Non-Covered Services

- Payment is due at the time of service
 - Insurance is not billed
 - Quotes are estimates only
 - Prepaid services are **non-refundable once initiated**
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Card on File & Auto-Pay

Required for applicable patients

Credit Card on File – Applicability

Required for:

- Patients with commercial (PPO) insurance
- Self-pay patients

Not required for:

- HMO plans
- Medicare or Medicare-related plans

Charges are based on insurance adjudication

Notification is provided before any charge

Failed or Returned Payments

If a payment is declined:

- You will be notified
- Payment must be resolved promptly

We reserve the right to:

- Require updated payment
 - Require deposit or prepayment
 - Limit future scheduling until resolved
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Billing & Collections

- Statements are issued after insurance processing
 - Unpaid balances may be sent to collections
 - We may limit or deny future services
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Disputes

Billing concerns must be raised within **30 days** of the statement.
After that, charges are considered final.

Missed Appointments

- 24-hour notice required
 - \$50 no-show fee may apply
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Unaccompanied Minors

Treatment may be denied without proper consent.

Additional Fees

May include:

- Rebilling fees
- Forms and administrative services
- Supplies and non-covered services

We reserve the right to require **advance payment** when appropriate.

Payment Plans

Available for qualifying balances:

- \$300–\$1,500
 - Up to 3 months
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Medical Records

Provided per California law; fees may apply.

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FREQUENTLY ASKED QUESTIONS (FAQ)

Why do I need a card on file if I've always paid?

To ensure fairness and consistency, this policy is applied uniformly. We cannot selectively apply it without creating compliance concerns.

Exceptions apply only to HMO and Medicare-related plans.

My insurance covers 100%—why is this still required?

Insurance coverage can change without notice, often due to employment changes.

Claims may process differently or be denied, and secondary insurance may not always cover remaining balances. These situations can create unexpected patient responsibility.

Will I be charged without knowing?

No. You will always receive advance notification before any charge.

What will I be charged?

Only the amount determined by your insurance.

What if I have questions or there is a mistake?

Contact us anytime. We will review your account and issue refunds if needed.

What if I don't want a card on file?

You may leave a \$250 deposit (held 90 days and refunded after).

Is my card secure?

Yes. All payment information is encrypted and not accessible to staff.

Does this apply to Medicare patients?

No. Medicare patients are exempt and may sign an ABN when applicable.

Why is billing handled this way now?

Due to changes under the **FCRA** and **CFPB**, medical debt has less impact on credit.

Because of this, providers rely on upfront billing systems like card-on-file to manage balances.

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