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Office and Financial Policies

Effective February 7, 2017

Thank you for choosing our office as your healthcare provider when it comes to your dermatologic needs. We are committed to the success of your medical treatment and care. Our practice will work with you to make sure your insurance carrier pays everything that they should pay, and that you will only be responsible to pay what your insurance carrier tells us is your personal financial obligation for our services. Neiman Dermatology and Hair Transplantation requires payment prior to or at the time of service. We participate with most insurance carriers, but not all. We ask you to check with your insurance carrier to ensure we are listed as “in-network” for your specific insurance plan.

Insurance Information – It is the responsibility of the patient to ensure that our office is given the correct insurance information needed for proper processing of claims. The patient is responsible for payment of services, copayments, deductibles, co-insurance, and non-covered or denied services.

WE DO NOT PARTICIPATE WITH WELLCARE, FIDELIS OR STRAIGHT MEDICAID.

Information Release to Insurance – Dr. Neiman’s office will release any and all information regarding examination or treatment to the insurance company for processing of claims and/or to any referring physician. Payment will be made directly to the physician from the insurance company for expenses relative to services performed. The patient is financially responsible for all charges not covered, including deductibles.

Referrals – Some insurance policies require a medical referral for a medical visit to a specialist physician, such as dermatology. It is your responsibility to obtain a referral from your primary care physician. Referrals must be presented at the time services are rendered, if applicable. If your insurance carrier requires you to have a referral or other authorization and you fail to provide that to us, your appointment will be rescheduled or your claim for that date of service will be processed as self-pay, and payment will be due on that date.

Copayments – These will be collected upon arrival for your appointment without exception. We accept cash, personal check, money order, and all major credit cards.

A \$10 SERVICE CHARGE WILL BE ASSESSED FOR BILLED CO-PAYS!

Deductibles and Co-Insurance – Dr. Neiman’s office requires payment of a portion of all deductible and co-insurance amounts. The amount collected will be \$100 and payment will be due at the time of service. If you have met your deductible and are now responsible for a percentage, we will collect \$25 or the required co-pay. For any procedures or treatment, there will be an additional fee associated, based on negotiated rates with various insurance companies. After your claim is processed by your insurance company, based on the negotiated rates, you will be billed the difference by our office.

Self-Pay Patients – Payment for service is due in full at the time of service unless other arrangements have been made with the billing department.

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Health Exchange Insurance Premiums – You may be required to show proof of payment of your health insurance premium if you have insurance through the New York State Health Exchange. This will only be asked if we are being told through our Health Information Exchange that you are in your grace period and have not paid your premium in the last 60 days.

Patient Statements – Our office will provide you with a monthly statement of account activity including our charges, payments and contractual adjustments from your insurance carrier along with payments made by you, for any outstanding balances. Please help us ensure that your mailing address is correct so as to help lessen the likelihood of being sent to collections due to non-payment.

Returned Check or Stopped Payment – We will charge you a returned check fee as provided by New York laws if any payments that you make to us are returned due to insufficient funds or a stopped payment.

Missed Appointment Fees – As per our office policy, there will be a \$50 charge for any missed appointment without adequate notice. This fee is the responsibility of the patient and not covered by insurance.

Outstanding Balances: Failure to pay outstanding balances that are your responsibility may result in (a) rescheduling of a future appointment, (b) forwarding your account to our collection specialist, (c) termination from the practice. Patients with such a balance will not be seen until the account is made current (unless other payment arrangements are made with the Billing Manager).

Collection Accounts – We work with different collection agencies when necessary to clear up unpaid account balances. We will make multiple attempts to collect the outstanding balance prior to any forwarding to a collections service. Due to the time spent attempting to collect an outstanding balance, any fees associated with forwarding an account to a collections service will be passed on to the patient or responsible party.

Insurance Covered Services and Treatments – All insurances are not equal, and insurance coverage will be based on your specific plan and carrier. Insurance coverage does not necessarily guarantee medical necessity or coverage of medical visits, procedures, and/or treatments.

We strive to keep up to date on insurance coverages, covered treatments and services, etc. However, with the rate of change of most insurance plans, we may not have 100% accurate knowledge when it comes to specific plans and their coverage. This may or may not include treatments, services, procedures, or diagnoses that may be rendered by our office. It is your responsibility to contact your insurance carrier regarding any treatment, service, procedure, or diagnoses that you believe you have to ensure you have coverage for those. If your insurance deems a treatment, service, procedure, or diagnosis as **not medically necessary**, the payment for treatment or service will be considered your responsibility, per your insurance.

As a patient, you can opt for non-treatment during your initial visit, or opt only for an initial evaluation of a specific condition or problem. On your behalf, we could then submit to your insurance for a determination of coverage for any procedures or treatments needed based on the initial evaluation. This follow up would be performed on a separate visit, and we will do our best to accommodate authorizations of treatment and follow up visits. This could still result in non-coverage based on the diagnosis, at which time the office visit charge would then become your responsibility as a patient. Any further treatment or evaluation or treatment for that condition would also fall to patient responsibility.

Cosmetic Treatments – The patient is responsible for payment in full, at the time of service, and fully accepts that the charges are out-of-pocket expenses and will not be reimbursed by their health care plan. *(NOTE: Some procedures may be covered in full or in part if a cosmetic rider is associated with the insurance policy. It is the patient's responsibility to ascertain what services are covered by such a policy.)*

Credit Card on File Program – Here at Neiman Dermatology and Hair Transplantation we have implemented a new program to help aid our patients’ financial responsibility. We will be asking patients to place credit cards on file at our office.

Our office will be utilizing Key Bank’s KeyPatient system for storing and processing all credit card payments. This system is a certified Level One Service Provider with the Payment Card Industry (PCI) Data Security Standard, accredited with EHNAC, and holds CAQH CORE certification.

Credit cards held on file will be used for:

- Copays
- Deductibles and Coinsurance
- Reservation of Appointment Dates
- Out Standing Balances
- Self-Pay Treatments and Payments

For all patient responsibility amounts assigned by insurance, our office reviews these amounts to ensure your claim has been properly adjudicated. Members typically receive their explanation of benefits prior to the provider, so if you disagree with the patient responsibility amount owed, it is your responsibility to contact your insurance carrier immediately.

We will provide a courtesy call to you before we charge any amounts to your account. During the call, we will be happy to provide you with an explanation of the amount and reasons as to why you have a balance. If we have to leave you a message, we will allow one day for you to call us back with any questions before we run your card for the balance amount as noted by your insurance.

If your credit card is mistakenly run, we will immediately issue a refund back on the credit card you have on file.

During the time you leave a credit card on file, if it expires or otherwise becomes uncollectible, we will expect you to promptly provide a new means of payment.

Cancellations and “No-Shows” – This practice uses a service called “Televox HouseCalls” to remind patients of their upcoming appointments. We will attempt to remind you by telephone and/or email but the ultimate responsibility to remember scheduled appointments lies with the patient or responsible party.

- We ask that you please arrive for your appointments on time. We reserve the right to reschedule an appointment if a patient is late.
- A patient who cannot keep a scheduled appointment is expected to notify the office at least 24 hours in advance.
- A patient who fails to keep an appointment may be charged a \$50.00 missed appointment fee, as noted above. If a patient violates this policy, a credit card may be required to be kept on file before future appointments may be booked.

Privacy and Security - To ensure your security, we reserve the right to ask for photo ID or other proof of identity in addition to insurance and/or credit cards.

HIPAA Authorization and Waiver to Third Parties
Health Insurance Portability and Accountability Act of 1996

The patient authorizes the use and disclosure of any protected health information as set forth in this document and understands that the provision of treatment or health care may not be conditioned by this authorization. The patient may change or revoke this authorization at any time by notifying the medical practice in writing. The office may call the patient’s home or other designated location and leave a message on voice mail or in person with reference to any items, such as appointment reminders, insurance information and any call pertaining to the patient’s clinical care.