



**Joseph P. Housel, MD**  
Mohs and Reconstructive Surgery  
235 Greenfield Parkway  
Liverpool, NY 13088  
Phone (315) 452-3376  
Fax (315) 452-3377

## Housel Dermatology, P.C Financial Policy

Thank you for allowing Dr. Housel and the medical providers at Housel Dermatology, P.C. to provide care for your dermatological healthcare needs. The providers at Housel Dermatology, P.C. are committed to the success of your medical treatment and care. Our practice will work with you to help fulfill your payment responsibility. Our billing office will file your primary and secondary medical claims for you. It is imperative that you provide us with accurate insurance information and **EVERY** visit. If you fail to provide the appropriate insurance information you will be considered a **SELF PAY**, and we will make payment arrangements at the time of visit. It is important that you realize that we as a medical provider and you as the insured both have a contract with the insurance company. You may need to assist us if necessary with the reimbursement process. **As the insured you are responsible for any unpaid balance not contractually covered by your insurance.**

**HOUSEL DERMATOLOGY P.C. IS NOT A MEDICAID PROVIDER: We are unable to bill any claims to Medicaid even as a secondary insurance.**

**Medicare:** This office participates as a Medicare provider, accepting assignment for Medicare Part B (Physician Services) claims. The patient is responsible for their Medicare coinsurance, deductibles, and any other service rendered that is not covered by Medicare.

**Managed Care Plans:** In order to see a specialist, some insurance companies require that you obtain a referral from your primary care provider or a precertification before being seen at a specialist's office. It is the patient's responsibility to ensure that we have the necessary paperwork on file to prior to your visit or the patient will be responsible for payment. **ALL COPAYS ARE DUE AT THE TIME OF SERVICE.**

**Commercial Plans:** Housel Dermatology, P.C. has established fees that are usual and customary for this healthcare service area. Every insurance carrier has their own usual and customary fee schedule; however, the patient is responsible for the fees regardless of the insurance carrier's arbitrary determination of rates.

**Non-Covered Services:** Some services we provide may not be deemed medically necessary by your insurance carrier or not a covered service benefit by your specific policy, therefore, not paid by your insurance policy. Many cosmetic procedures are not covered by your insurance company i.e. **SKIN TAG REMOVAL**. We cannot bill your insurance for any cosmetic procedures. The patient is responsible for the payment of any cosmetic charge at the time of the visit for ALL services not covered by insurance.

**Laboratory Services:** Some services such as biopsies and other specimens will be sent to an outside lab for further evaluation and processing. The patient WILL receive a separate bill for these types of services. The laboratory that we send most of the specimens to is Mass General Dermatopathology Services. The phone number to call with any billing questions for pathology specimens at Mass General is 1-855-644-3376. The patient is responsible for any laboratory service that is not covered by insurance.

**Self Pay:** Patients who do not have insurance coverage are considered self pay. Self pay patients need to make payment arrangements **prior** to being treated at this office.

**Payment Arrangements:** Housel Dermatology, P.C. may consider payment arrangements for those patients that are in need assistance in meeting their account obligation. Housel Dermatology, P.C. reserves the right to set the terms, conditions, and charge interest for any payment arrangement. The arrangement needs to be made prior to being seen as a patient.

Returned Check Policy: Housel Dermatology, P.C. will charge \$25.00 fee for each check that is returned by our bank for insufficient funds.

Collections: There will be a 40% fee added to any account balance that is sent to collections.

Authorization for Assignment of Benefits: In consideration of medical services provided, with your signature below, Housel Dermatology, P.C. (and/or Mass General Dermatopathology Associates in the case of laboratory services) is given the rights/title/interest to the medical reimbursement in accordance with the terms and benefits of the patient's insurance policy or other health benefits including Medicare Part B. **THE PATIENT WILL BE FULLY RESPONSIBLE FOR ANY AND ALL CHARGES NOT COVERED BY INSURANCE.**

**Cancellations: Appointments must be canceled more than 24 hours in advance. If the patient does not show up for an appointment without 24 hour notice there will be a \$25.00 fee for office visits and \$250.00 fee for surgical procedures.**

I have read this financial policy and authorization. I understand that there is no guarantee or assurance as to the results that may be obtained for any treatment. I understand the terms and conditions outlined herein as confirmed by my signature below.

Signature

Date

Printed Patient Name/ Relationship to Patient