

Frequently Asked Billing/Insurance Questions

Will my skin cancer screening be covered as “preventative”?

- The only cancer screenings that are covered under the preventative care benefits are: breast, cervical and colorectal cancer screenings. Skin cancer screenings are generally not covered under your preventative care benefits.
- Any applicable copays, deductibles and/or coinsurance would apply to skin cancer screening appointments

Why am I receiving extra bills for my pathology or laboratory services?

- **Pathology Services:** If you have a tissue biopsy done, you will receive a separate bill from Hospital Pathology Associates in addition to your bills from Dermatology Consultants, as their pathologists perform the analysis of the tissue. Dermatology Consultants will bill for the biopsy and technical processing of the tissue sample. There may be times where additional diagnostic testing needs to be done at a reference lab to support the diagnosis; therefore, you will receive an additional bill for these services if applicable
- **Laboratory Services:** If you receive laboratory services, such as blood tests, you may receive a bill from Quest Diagnostics Laboratories, as they perform the analysis of the lab specimen

I have been a patient for years; why is my visit billed as a “new patient visit”?

- The American Medical Association and your insurance give physicians a specific set of codes that we can use to bill for office visits. These codes indicate that a new patient is any patient that has not been seen within the last three years.

How do I know if my insurance will cover my visit or surgery? How much will it cost?

- Coverage varies with each insurance company, so please refer to your insurance member handbook or call your insurance company with questions about what's covered. Deductibles, Coinsurance and Copays will be applicable for covered services.
- Please contact the billing office to request an estimate. Any estimates given are a general quote of benefits and are not a guarantee of payment. Actual payment is based on your insurance benefits. You should always check with your insurance company regarding your specific benefit

When will I receive a bill? When am I responsible for my bill?

- If you have given us complete insurance information and we are in network with your insurance, you will not receive a bill until your insurance:
 - paid the claim and there is a coinsurance, copay, deductible, or non-covered service for which you are responsible
 - denies the claim
 - notifies us that information is needed from patient before claim can be processed
 - determines your coverage is not valid or cannot be verified for the date the services were provided

What is a referral or prior authorization?

- Some insurance plans require a referral when seeking care from a specialist. A referral is completed by your primary care physician and is sent into your insurance company. It is **your** responsibility to obtain any necessary referrals. A referral means that your primary care physician has approved for you to see a doctor outside of your primary clinic. **A referral DOES NOT guarantee payment from your insurance company.**
- Dermatology Consultants, P.A. will work with you and your insurance company to obtain prior authorizations for certain services. A prior authorization means that a proposed medical visit/treatment is medically reasonable and necessary. **A prior authorization DOES NOT guarantee payment from your insurance company.**

What is a deductible, coinsurance or copay?

- Deductible: the amount that you must pay for before your insurance begins to pay. These amounts can change every year.
- Coinsurance: an amount you may be required to pay as your share of the cost of health care services after you pay your deductible. Coinsurance is usually a percentage (for example: 20%)
- Copay: an amount you may be required to pay as your share of the cost for health care services. A copayment is usually a set amount, rather than a percentage. (for example: \$15 office copay)

What are my options if I am experiencing financial hardship?

- If you are experiencing a financial hardship, please call the business office at 651-209-1600 to discuss your specific situation. We cannot help you unless we hear from you. If you cannot pay your portion of the medical bill in full, the business office will work with you. If you do not have insurance or money to pay your bill, there may still be options available for you.
- We offer monthly payment plans, CareCredit financing and hardship discounts.
 - Online payment plans care available on our webpage
 - <http://www.dermatologyconsultants.com/for-patients/pay-your-bill-online/>
- You will be asked to apply for Medical Assistance or Minnesota Care before you can qualify for our hardship program.
- To help determine if you qualify for a hardship discount:
 - Uses income guidelines issued by the U.S. Department of Health and Human Services;
 - Considers all of your financial assets and family size; and
 - Requires you to provide the personal and financial information we ask for.
- You will continue to receive a bill until we decide if you qualify for the program.