

Karimipour Dermatology & Aesthetic Surgery
Darius J. Karimipour, M.D., P.C.
Patient Responsibility Policy

Thank you for choosing Darius J. Karimipour, M.D., P.C. (dba Karimipour Dermatology and Aesthetic Surgery). Our primary mission is to deliver the best and most comprehensive care available. An important part of our mission is to help make the cost of optimal care as easy and manageable for our patients as possible by offering the following payment options.

You can choose from two payment options:

- Accepted Insurance Plan
- Cash, Check, Credit Card (Visa, MasterCard, American Express, Discover)

For patients with medical insurance we are happy to work with your carrier to maximize your benefit and direct bill them for reimbursement for your medical treatment. However, if we do not receive full payment from your insurance carrier within 90 days of the date of service, you will be responsible for payment of all your treatment fees and the collection of your benefits directly from your insurance carrier.

If you are covered by one of our accepted insurance plans, and can provide a valid insurance card or other evidence of coverage at or before the time of service, we will bill your insurance carrier for your non-cosmetic dermatology services. These dermatology services may be applied towards your deductible, subject to copayment or coinsurance, in which case you will be financially responsible. You are responsible for knowing the policies of your insurance, such as: co-pay, coinsurance, deductible, pre-existing conditions, policy exclusions, effective date, termination date, in-network physicians, etc. All copayments must be paid on the date of service. If you have an HMO insurance you are responsible for your referrals. Referrals are typically only valid for 90 days from the issue date and are only good for as many visits as your primary care physician has approved. It is the patient's responsibility to see if we are in network.

For surgery patients with a High Deductible Health Care Plan (HDHP), the total payment for the procedure will typically be your personal out-of-pocket expense unless your high deductible has been met. Mohs Surgery patients with HDHP will pre-pay a portion of his/her surgery in the amount of one thousand (\$1000) dollars prior to the procedure which will go toward your anticipated balance. Any remainder is due within 90 days of your surgery if you have not met your high deductible.

If you have a balance due after your insurance compensates the Practice for its portion of your care, your balance *must* be paid within 90 (ninety) days or your account will be turned over to our collection agency. The Practice may make an exception to this based on your financial situation and set up a payment plan where your balance can be paid over 6 months, provided financial need is documented.

Patients who cancel, miss, or reschedule appointments without giving 24 hour notice will be charged a missed appointment fee. This fee depends on the type of visit. For missed surgical visits (Mohs micrographic surgery, Excision) a \$100 fee will be applied. Routine office visits will incur a \$50 fee.

For self-pay patients, Darius J. Karimipour, M.D., P.C. requires payment in full on the day of your treatment by Cash, Check, or Credit Card. If you choose to discontinue care before treatment is complete, your refund will be determined upon review of your case.

