

Office Policies & Consent ²⁶⁰²⁰³

1. Schedule of Fees NOT covered by Insurance:

- **A Failed Appointment** is a “No Show” or a “late cancellation” with less than the requested advanced notice. Please read the Failed Appointment Policy for time requirements and exact charges. Failed appointment fees must be paid prior to booking your next appointment. *Patients with more than one failed appointment must provide a deposit for their next appointment or provide a credit card that will be processed in the event of another failed appointment.*
- **Medical Records Copy Fee:** Typically, fees are \$0.25 per page, plus clerical fees, and postage. Fees can be minimized by limiting the records requested to pertinent information, such as Pathology Reports. There is a Fee of \$6.50 for Electronic Copies of Electronic Medical Records. Records are provided within 15 days once the fee is paid.
- **Dictated Letters & Forms:** Fees are \$100-\$550, depending on required time and effort for letters for insurance companies and/or employers. Medical legal letters will be charged on a case-by-case basis.
- **Returned Check Fee:** The Fee is \$50 for returned checks.
- **Cosmetic Services and Non-Covered benign skin conditions:** Get a quote from your provider before treatment.
- **Bad Debt:** Outstanding medical bills not paid within 4 months will accrue interest at 5%.

2. **Credit Card on File:** If you provide a credit card for us to keep on file, you authorize us to run the card for the fees outlined in these office policies, in addition to outstanding co-insurance owed more than 60 days.

3. **Co-Payments are required at the time of the visit:** We accept cash, credit cards and checks. There is a \$10 processing fee for billing co-pays that are not paid at the time of the appointment. Parents can avoid this fee by keeping a credit card on file.

4. **Telehealth Appointments:** Co-Pay must be paid in advance for planned Telehealth Appointments. Telehealth appointments include FaceTime, Video Calls through an Electronic Medical Records system and telephone. All communications with your provider electronically or by telephone may be billed as a telehealth appointment.

5. **Insurance Billing:** If you do not have your insurance card available and we do not have it on file, you will be required to pay for the services rendered that day. **We ARE NOT contracted to accept Blue Cross PPO coverage purchased through Covered California exchange or any HMO insurance or Medi-Cal or Medi-caid.** When receiving services that are “covered by insurance”, it is likely you will be responsible for a portion of the bill, depending upon your specific co-insurance and co-pay. Your medical information will be provided to your insurance carrier. You are required to pay your portion, which includes any unmet deductible and your co-insurance owed. It is your responsibility to determine if your insurance is valid at our office, to know your benefits and how they will apply to your treatment. You are personally responsible for all charges incurred. Patients without insurance and patients with a high deductible are asked to keep a credit card on file.

6. **Outside Laboratories, such as Quest or Laguna Pathology Medical Group will bill you separately for their services.** We will provide your insurance information, if any, and your billing address to the laboratory.

7. **Electronic Communications:** If you would like to correspond by email or text with our office, please understand that personal email communication and text are not secure, making your private health record at risk for receipt by unauthorized individuals. Communicating with our office by text or email implies you are willing to accept that risk and will not hold HK Dermatology responsible should an incident occur.

8. California Data Exchange Framework (DxF) mandates the exchange of information for California providers and there is no statewide mechanism for patients to “opt out”. By signing this form, you consent to the use of electronic health information exchange services, which may query the **California Data Exchange Framework (DxF)** and its participants, including hospitals, physician organizations, and social services providers. This includes the exchange of **Health and Social Services Information (HSSI)** such as clinical records, medication history, and treatment plans for the purpose of treatment, payment, and health care operations." Please ask the receptionist If you would like to sign a form requesting to opt out data exchange.

By signing this document, you acknowledge and agree to the above office policies and consents.