



OFFICE POLICIES

Office Hours: Our normal office hours are Monday – Friday from 9:00 am to 5:00 pm. Providers are in the office Tuesday, Wednesday and Friday.

Emergencies: Emergency appointments can be made with proper respect for patients who have previously scheduled appointments. Every effort will be extended to treat emergencies while fulfilling our commitment to regular appointments. For after-hours emergencies, please call the office at (801) 763-7107. You will be instructed on how to reach Dr. Eberting via her pager number. If your emergency is life-threatening, call 911.

Prescription Refills: Prescriptions can be filled at your pharmacy of choice. Prescription refills may not be authorized without an in-office evaluation. Antibiotic prescriptions do require an in-office evaluation. Prior-authorization for any prescription may be required by your insurance company. We will attempt to obtain prescription authorization but cannot guarantee that the medication you were prescribed will be covered by your prescription benefit. Prior-authorization for prescriptions may take up to (2) weeks to complete. Communication with your insurance company will be initiated within (3) business days of your visit. This is a service we provide to our patients and with some insurance companies it may be necessary for you, the insured, to communicate and deal with your insurance company directly in regards to prior-authorization.

No Show Fee: We require a 24-hour notice if you need to change or cancel an appointment. A \$25.00 fee will be charged for an office visit if you fail to notify us within 24 hours before your appointment. If the appointment was for a cosmetic procedure or surgery the fee for a missed appointment is \$75.00.

Check-In Procedure: A photo I.D. and insurance card(s) are required upon check-in for each patient. Patients will not be seen without proof of identity. It is your responsibility to maintain current and accurate patient data. If your address, phone number, or insurance information has changed since your last visit, you are required to update your information before being seen. If you are unable to provide correct insurance policy information, you will be billed our standard global-fee rate until we receive accurate insurance information that will allow us to bill your insurance company.

Payment Policy: We gladly accept Visa, MasterCard, Discover, cash, and check payments. When you provide a check as payment you authorize us either to use information from your check to make a onetime electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account as soon as the same day and you will not receive the check back from your financial institution. If your payment is returned due to insufficient funds a \$20.00 service charge will apply in addition to any applicable bank fees.

Cosmetic Policy: All cosmetic procedures including laser treatment, Botox, Restylane, chemical peels, mole removals, and other cosmetic treatments not covered by insurance must be paid for at time of service. Due to safety regulations, please do not bring children to cosmetic appointments.

Cosmeceutical grade products as well as other skin care products are available for purchase. These products may be returned within 30 days from the time of purchase if an adverse reaction is noticed. Refunds will be given by check within one week of return. If you prefer, your refund amount may be applied to your account as a credit balance for future visits.

Insurance Policy: Dr. Eberting is contracted with most major insurance companies. Because benefits are plan-specific, it is your responsibility to know if your visit to Alpine Dermatology will be covered by your insurance plan. It is very important that you understand what is and is not covered by your plan before you receive treatment. If you

are unsure of your exact benefits, please call your insurance company prior to your visit. We will make every effort to help you understand the information you obtain from your insurance company. Actual plan benefits will supersede any verbal acknowledgment of benefits that you may receive at our office—so please clarify any questions you may have with your insurance company prior to being seen. If a claim is submitted to your insurance company on your behalf and is then denied as out of network, you will be responsible for all charges incurred.

If you are covered by a plan Dr. Eberting is contracted with, you are responsible to pay any co-pays, deductibles and co-insurance at the time of the visit. Co-pays are due at the time of each new visit, at follow-up visits for existing conditions, and at follow-up visits for conditions requiring ongoing treatment. A \$25 charge will be assessed if a co-pay is not paid at the time of your visit. Secondary insurance may be billed if we are contracted with your secondary carrier. If you have secondary insurance, claims will be sent once payment from the primary insurance is received. You will be billed for any balance due once secondary payment has been received. Tertiary insurance will not be billed by Alpine Dermatology.

You are responsible for payment of any balance that is not reimbursed by your insurance company. If your account is not paid in full within 90 days, your account will be sent to Bonneville Collections for recovery services, and you will be responsible for interest accrued at 18%APR and for collection fees equal to 33½ % of the outstanding balance. We try to avoid taking this step in the billing process, so please contact us to see if a payment plan may be available.

For patients who are not covered by insurance or who are out of network, a cash discount may be offered. Payment for all cash services is due at the time of service.

Medicare Policy: Dr. Eberting is contracted with Medicare as a non-participating provider. This means that she is contracted with Medicare and has the option of accepting assignment. Dr. Eberting does *not* accept assignment (meaning payment) from Medicare. This means that you will be required to pay for all services received at the time of service. We will then send your claim to Medicare on your behalf and Medicare will reimburse you directly within 4-6 weeks. Dr. Eberting charges the Medicare limiting charges (approximately 8.5% above participating charges). We do not bill secondary insurance plans unless we are contracted with them but if your secondary plan has a crossover agreement with Medicare, Medicare will forward any remaining balance on to your secondary plan for reimbursement of any covered fees. If you do not understand this policy, please ask for clarification.

Pathology Billing: All pathology specimens are sent to ProPath Laboratories: 8267 Elmbrook Drive, Suite 100, Dallas, Texas 75247. If you are contracted with Select Health, PEHP, DMBA or EMI Health, Dr. Eberting will bill your insurance directly for pathology services and you will not receive correspondence from ProPath. A global fee of \$160.00 will be billed to your insurance for each specimen sent for basic pathology; \$75.00 of which will be paid directly to the pathologist, and between \$20.00 to \$90.00 will be applied to processing and handling by Alpine Dermatology. If you are covered under any other insurance plan, ProPath will bill your insurance plan directly and you will receive a bill from ProPath if a balance is due. If you are not covered by insurance, or if the pathology is for a cosmetic lesion, a fee of \$110.00 per specimen will be due at the time of service; \$75.00 of which will be paid to the pathologist and \$35.00 of which will be applied to processing and handling by Alpine Dermatology.

If additional testing beyond basic pathology is required to obtain an accurate diagnosis, ProPath Laboratories reserves the right to perform any and all such services. By signing this agreement, you authorize ProPath Laboratories to do so without prior notification to you or Alpine Dermatology. Claims for these additional tests will be sent to your insurance company, or will be billed directly to you if you are not covered by insurance. You are responsible for payment of any additional co-pay, deductible, or co-insurance amount that is applied to these services.

Laboratory Work: Depending on your insurance plan; lab work, including cultures and blood work, are sent to one of two labs: LabCorp: 5199 South Green Street, Murray, UT 84123, or Central Lab: 5252 South Intermountain Dr., Salt Lake City, UT 84107. We make every effort to ensure that your studies are sent to a lab that is contracted with your plan. Because you will be responsible for all fees incurred, even if the lab is out of your insurance network, it is necessary that you know what laboratories are contracted by your insurance plan. Alpine Dermatology is not responsible for pre-authorization of lab services. If labs are ordered to diagnose a condition which is not covered by your plan, you are responsible for all fees incurred.

Lab and pathology results will be available within or before 2-3 weeks from your date of service. After your results have been reviewed by your provider, we will call to inform you regardless of the results. If we are unable to reach you, your results will be sent in the mail to your address on file. If for some reason you do not receive notification from Alpine Dermatology within 2-3 weeks it is your responsibility to call our office to obtain your results.

Physician Assistant Policy: Our Physician Assistant, Steven Anderson, MMsSc, PA-C is available for patient consultations. He is trained in the diagnosis and treatment of disorders of the skin, hair, and nails in all ages. You may be asked to follow up with him. If you would prefer to follow up with Dr. Eberting please let us know. You are welcome to see whichever provider you prefer. All services provided by the P.A. are billed under Dr. Eberting.

PATIENT HIPAA CONSENT FORM

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. The Notice contains a Patient Rights section describing your rights under the law. You have the right to review our Notice before signing this Consent. The terms of our Notice may change. If we change our Notice, you may obtain a revised copy by contact our office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment or health care operations. We are not required to agree to this restriction, but if we do, we shall honor that agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for treatment, payment and health care operations. You have the right to revoke this Consent, in writing, signed by you. However, such a revocation shall not affect any disclosures we have already made in reliance on your prior Consent. The Practice provides this form to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The patient understands that:

- Protected health information may be disclosed or used for treatment, payment or health care operations.
- The Practice has a Notice of Privacy Practices and that the patient has the opportunity to review this Notice.
- The Practice reserves the right to change the Notice of Privacy Policies.
- The patient has the right to restrict the uses of their information but the Practice does not have to agree to those restrictions.
- The patient may revoke this Consent in writing at any time and all future disclosures will then cease.
- The Practice may condition treatment upon the execution of this Consent.

I understand and agree to all of the policies listed above. I authorize the release of any medical or other information necessary to process any medical claims. I also request payment of government benefits either to myself or to the party who accepts assignment. I authorize the payment of medical benefits to Dr. Eberting unless I have already paid them at the time of service.