



500 S 52nd Street | Rogers, AR 72758
Telephone: 479-254-9662 | Fax: 479-254-9652

Payment Policy

- Insurance:** We participate in most insurance plans including Medicare. You are responsible for verifying participation in your specific plan network. Knowing and understanding your insurance benefits is your responsibility. Please contact your insurance company with questions you may have regarding coverage. Additionally, if eligibility is not verifiable, payment will be due at the time of service.
- Co-payments and deductibles:** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments and deductibles from patients can be considered fraud.
- Non-covered Services:** Please be aware that some services you receive may be non-covered. Our office will try to inform you of these services prior to treatment. Ultimately, it is your responsibility to know your benefits and non-covered services will be the patient's responsibility.
- Claims Submission:** We will submit your claims and assist you in any way within reason to get your claims paid. Often your insurance will need you to supply information. It is your responsibility to comply with these requests. Please be aware that the balance of your claim is your responsibility whether or not your insurance pays.
- Children of Divorced Parents:** Responsibility for payment for treatment of minor children, whose parents are divorced, rests with the parent who seeks treatment. Any court ordered responsibility judgment must be determined between the individuals involved with out the inclusion of Hull Dermatology.
- Pathology/Lab Billing:** When a lesion is removed in office, it is the standard of care is to have a pathologist examine the specimen. These services are primarily performed by Dr. Hull, but are billed on a separate date of service. Due to this your insurance may assess a separate co-payment. Lab and pathology that are referred out are billed by the lab companies; any questions in regards to those charges need to be directed to them.
- Nonpayment:** If your account is over 90 days past due, you will receive a letter stating that you have 14 days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if the balance remains unpaid it will be referred to a collection agency.

Our office is committed to providing the best treatment to our patients. Our charges are representative of the usual and customary charges for our area. We thank you for understanding our payment policy.

I have read and understand the payment policy:

Signature of responsible party

Date