



BEND DERMATOLOGY  
CLINIC

**Financial Agreement**

As a courtesy to you, we will bill your insurance company. Your copay is due at the time of service. Any cosmetic procedures will not be billed to insurance and the cost of the procedure will be due at the time of service. Your provider will determine if procedures are cosmetic or medically necessary.

***Methods of Treatment:***

The treatment of skin conditions depends on the type and location of the growth and the symptoms you are having. Your provider will discuss the appropriate treatment options with you. The most common forms of treatment include:

***Curettage*** is the process of scraping skin with a sharp surgical instrument to remove skin tissue.

***Shaving or Tangential Excision*** is the horizontal removal of a lesion.

***Surgical Excision*** involves injection of a local anesthetic followed by cutting into the skin with a surgical instrument, removing the growth, and closing the wound.

***Cryosurgery*** is the process of destroying skin tissue by freezing it with liquid nitrogen using an aerosol spray. This is common treatment form for warts and precancerous lesions.

***Laser surgery*** uses an intense beam of light to burn and destroy tissue.

Multiple visits for cryosurgery or laser surgery are often required. This is especially true for treatment of warts. Each visit is billed separately.

*The following charges are the most common treatment fees and are **usually applied to your deductible.***

**Cryosurgery (liquid nitrogen spray)**

\*Actinic Keratosis only\*

\$166.00 1<sup>st</sup> lesion

\$16.00 each additional lesion

\$374.00 15 or more lesions

\*All other lesions including warts\*

\$230.00 for 1 to 14

\$274.00 for 15 or more

**Biopsy**

\$219.00

\$71.00 each additional biopsy

**Pathology – Required for all biopsies or lesion removals**

\$246.00

Your provider is required to send a biopsy or removal of a lesion to pathology. Tissue samples will be sent to Cascadia Histopathology, however if you prefer to use to a different lab we do require notice of that request at the time of service. Occasionally our providers may require a second opinion; in this case there will be a bill from both offices.

If you would like an estimate or have any questions about costs, please let the receptionist know and someone from billing will be happy to come and speak with you.

## **Billing Information**

The cost for any date of service is not complete until the finished documentation is reviewed. Any price quoted to you before your visit or at the exit desk immediately following your visit are estimates. The completed billing may differ from the estimate.

Your insurance will consider most types of treatment a surgical procedure and will process these procedures in accordance with major medical provisions. This means that charges may be applied to your deductible; your carrier may pay only a percentage of the total charge; you may be billed for surgical copays.

Due to the number of plans and coverage options, we cannot provide individual reimbursement information. We are contracted with several insurance groups but may not be contracted with your individual plan. You will need to contact your carrier for information.

In order to manage our long-term accounts more efficiently, we have selected HealthFirst Receivable outsourcing to provide first-party billing and payment arrangement services. To avoid interest being assessed to your account, you will be asked to pay your account in full within 60 days. If you are unable to pay in full and wish to make monthly payment arrangements, your account will be managed by HealthFirst and your outstanding balance will be assessed an interest charge of ten percent (10%) per annum. If your account is sent to collections, HSA (health savings account) cards cannot be used to pay off collection balances.

A 24 hour notice is required for cancellations. A \$50.00 fee for office visits and the full price for laser or cosmetic procedures will be charged if a 24 hour notice is not provided.

By my signature, I certify that I have read, and fully understand, the above paragraphs, and that I have had sufficient opportunity for discussion and to ask questions.

\_\_\_\_\_  
Patient Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient (Responsible Party) Signature

\_\_\_\_\_  
Patient (Responsible Party) Social Security Number

***While we do bill insurance as a courtesy, the balance after insurance pays is an unknown amount. Therefore we do require the Social Security Number of the patient or responsibility party (if the patient is a minor), because this billing arrangement is an extension of financial credit. This private information is only entered into our secure system and patient documents are securely shredded at the end of business day.***