

## HEYMANN, MANDERS & GREEN, LLC

### FINANCIAL RESPONSIBILITY AND BILLING POLICY

Welcome to Heymann, Manders & Green, LLC, a dermatology practice that strives to provide you with the finest care possible. We are grateful for your decision to choose our practice. Please feel free to ask us any questions about your medical condition, your financial responsibility, or our billing procedures.

#### **Identification and Referrals**

At each visit, please bring your identification (e.g., current driver's license or government issued identification card) and your insurance card, if applicable. If a referral form is required, please bring it with you on the day of your visit. If you do not have your referral form, you will have to re-schedule your appointment.

#### **Affiliated Facilities and Participating Insurance Plans**

We are affiliated with the facility(ies) listed in **Attachment A**, which information is also available on our website. We participate and are in-network with the insurance plans listed in **Attachment A**, which information is also available on our website. We do not participate and are out-of-network with all other insurance plans. Please note that these lists may be amended from time to time.

#### **Financial Responsibility**

*Services Covered Under Medicare.* If you are a Medicare patient, please note that you will have financial responsibility for the deductible and 20% of the accepted fee that Medicare allows for Medicare covered services.

*Services Covered On An In-Network Basis.* If your insurance plan is listed in **Attachment A** (as may be amended from time to time) and if our health care services are covered by your insurance plan, we will submit claims for payment to your insurance plan. You will have financial responsibility for any applicable copayment, deductible, or coinsurance under your insurance plan. Even though we are in-network with your insurance plan, you still may have a balance due after we receive reimbursement and an explanation of benefits (EOB) from your insurance plan if you have not yet fulfilled your in-network deductible or have not already paid cost-sharing amounts. We will bill you for any balance due.

*Services Covered On An Out-of-Network Basis.* If your insurance plan is not listed in **Attachment A**, the following apply to you:

- The amount or estimated amount we will charge for health care services is available upon request. If you request health care services, we will provide to you in writing the amount or estimated amount that we will bill for such services and the Current Procedural Terminology (CPT) codes associated with such services, absent unforeseen medical circumstances that may arise.
- You will have financial responsibility applicable to the health care services provided by an out-of-network professional, in excess of your copayment, deductible, or coinsurance, and you may be responsible for any costs in excess of those allowed by your insurance plan.
- We advise you to contact your insurance plan for further consultation on these costs.
- We will submit claims for payment to your insurance plan. You will have financial responsibility for the entire amount of the balance due. We will bill you for this balance after we receive reimbursement and an explanation of benefits (EOB) from your insurance plan. Please be advised that you may incur additional out-of-network charges for ancillary services (see below).

Non-Covered Services and No Insurance Coverage. If our services are not covered by your insurance plan or if you have no insurance, you agree to be, and shall be, financially responsible for all such services.

Ancillary Services: Certain laboratory, pathology or radiology services may be required in connection with our health care services or as coordinated or referred to by us. These ancillary services may be provided by:

- Quest Diagnostics, 900 Business Center Drive, Horsham PA 19044, 866-697-8378
- LabCorp, 69 First Avenue, Raritan, NJ 08869, 800-762-4522
- DermPath Diagnostics Institute, 3805 West Chester Pike, Newtown Square, PA 19073, 800-257-0117
- Heymann, Manders & Green, LLC, 10000 Sagemore Drive, Suite 10103, Marlton, NJ 08053, 856-596-3040

We advise you to contact each of these providers and your insurance plan prior to receiving any health care services to determine the plans that each of these providers participates in, and to contact your insurance plan for further consultation on costs.

YOU ARE RESPONSIBLE FOR UNDERSTANDING WHAT YOUR INSURANCE PLAN PROVIDES, INCLUDING YOUR CO-PAYMENT, DEDUCTIBLE, CO-INSURANCE, NON-COVERED SERVICES, OUT-OF-NETWORK BENEFITS, AND FINANCIAL RESPONSIBILITY. MANY INSURANCE PLANS HAVE HIGH DEDUCTIBLES OR CO-INSURANCE. YOU ARE RESPONSIBLE FOR PAYING THESE CHARGES IN FULL. PLEASE CONTACT AND CONSULT WITH YOUR INSURANCE PLAN FOR DETAILS.

### **Payment**

Payment for all health care services is expected on the day that services are rendered. Payment may be made in cash or by check, Visa, MasterCard, Discover, or American Express.

### **Billing Practices**

You will be held responsible for any remaining balance not covered by your insurance plan. Our billing service sends out bills on a monthly basis. Please do not ignore these bills. If the billing cycle is complete and payment is not received, we will then employ the use of a collection agency. You agree to be responsible for all costs of collection, including court costs, collection agency costs, and legal fees.

If you receive a bill that you have questions about, please contact our billing service at 1-888-245-5337.

### **Cancellation/No-Show Policy**

If it is necessary to cancel an appointment, we **require** that 24-hours' advance notice be given to our office. You will be charged a \$50.00 fee if you do not provide 24 hours' notice of cancellation or do not show up for your scheduled appointment. We reserve the right to discharge from our practice patients who miss multiple appointments or fail to give 24-hours' prior notice of cancellation.

### **Returned Checks for Insufficient Funds**

You will be charged a fee of \$35.00 for any checks that are not payable by your bank in the event you have insufficient funds.

**Assignment of Benefits**

By signing below, I hereby authorize Heymann, Manders & Green, LLC, and its physicians and staff (each and collectively, “**HMG**”) to release to the applicable payor, insurance plan, intermediary, plan administrator, or third party covering the patient (identified below) any information, including without limitation protected health information, needed for the processing of claims for payment for services rendered to the patient.

I hereby authorize HMG to submit claims to the applicable payor, insurance plan, intermediary, plan administrator, or third party for all services rendered to the patient and to exercise any appeals and other rights on the patient’s behalf.

I hereby authorize HMG the right to file suit, obtain counsel, and enter into legal or other actions on the patient’s behalf, including arbitration or dispute resolution processes, for any claims against the applicable payor, insurance plan, intermediary, plan administrator, or third party covering the patient. This authorization includes assignment of the right to pursue declaratory, equitable, and compensatory relief or other legal remedies.

I hereby authorize HMG to appoint an attorney to represent the patient directly for the collection of all insurance plan or other benefits through the applicable payor, insurance plan, intermediary, plan administrator, or third party covering the patient. I authorize HMG to obtain an attorney to represent the patient directly in appealing a claim to the applicable payor, insurance plan, intermediary, plan administrator, or third party.

I hereby authorize HMG to act on the patient’s behalf and report any suspected violations of proper claims practices to the proper regulatory authorities.

I hereby direct the applicable payor, insurance plan, intermediary, plan administrator, or third party covering the patient to issue a payment check directly to HMG. If payment will not be made directly to HMG, I hereby authorize and direct the applicable payor, insurance plan, intermediary, plan administrator, or third party covering the patient to send all checks and copies of Explanation of Benefit forms in connection with the services provided by HMG to Heymann, Manders & Green, LLC, 100 Brick Road, Suite 306, Marlton, NJ 08053.

I understand and agree that, should I, the patient, my dependents, or my beneficiaries receive funds from the applicable payor, insurance plan, intermediary, plan administrator, or third party for services performed by or at HMG, that it is my responsibility to endorse the checks and send them to HMG.

We realize that you have many options for dermatologists. We are thankful to those who make Drs. Heymann, Manders, Green, Halpern, Sommer and Julianna Jarvis, PA-C, their providers of choice. We look forward to meeting with you soon.

Please sign below to confirm that you have read and understand the foregoing financial responsibility and billing policy and that you are signing it of your own free will.

\_\_\_\_\_  
Print Name of Patient

\_\_\_\_\_  
Print Name of Guardian/Responsible Party  
(if different from Patient)

\_\_\_\_\_  
Signature of Patient/Guardian/Responsible Party  
Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness  
Dated: \_\_\_\_\_

**Attachment A**

**Affiliated Facilities and Participating Insurance Plans**

*See attached.*

**Heymann Manders & Green, LLC**  
**100 Brick Road | Suite 306 | Marlton, New Jersey 08053 | 856.596.0111**  
**3 Cooper Plaza | Suite 211 | Camden, New Jersey 08103 | 856-342-2381**

**Affiliated Facilities**

Cooper Health System

**Heymann Manders & Green, LLC**  
**100 Brick Road | Suite 306 | Marlton, New Jersey 08053 | 856.596.0111**  
**3 Cooper Plaza | Suite 211 | Camden, New Jersey 08103 | 856-342-2381**

**Participating Insurance Plans**

AARP-Medicare Supplemental Only
Horizon Blue Cross & Blue Shield NJ Totalcare (HMO SNP)-Camden Only
Horizon Blue Cross & Blue Shield of NJ
Administrative Concepts Inc-Multiplan
Aetna Better Health
Aetna-Medicare Supplemental
Affiliated Physicians
AlieraCare
Allied Benefit Systems Inc
AMA Insurance Agency Inc
Amerihealth EPO/PPO/Regional Preferred
Amerihealth Medigap Plans-Medicare Supplemental
Amerihealth Administrators
APWU
Bankers Fidelity
Bankers Life and Casualty
Blue Cross & Blue Shield FEP
Blue Cross & Blue Shield Horizon Medicare Advantage
BCS Insurance/First Health
Century Healthcare/PHCS
Champ VA
Cigna
Clover
Colonial Penn Life Insurance Co
Conseco Health Insurance Co
Continental Benefits
Deam Health Plan-Multiplan
Employer Plan Services/First Health
Family Life Insurance Co (Medicare Supplemental)
GE Life & Annuity
GEHA/Multiplan
Genworth Life and Annuity (Medicare Supplemental)
Gerber Life Insurance Co

GHI/Emblem
Global Medical Management/Multiplan PHCS
Hartford (Medicare Supplemental)
HOP Administration Unit
Horizon Blue Cross & Blue Shield OF NJ Blue Card
Horizon Medicare Blue-Except HMO
Horizon NJ Health-Camden only
Humana-all except HMO/IPA
Independence Blue Cross
IE Shaffer CO
IE Shaffer CO
Independence Administrators
Key Benefit Administrators
Keystone 65
Keystone Healthplan/Insert Blue Cross
Loyal American Life Insurance Co
Magna Care
Manhattan Life Insurance
Medicaid of NJ-Camden Only
Medical Benefits Admin-Multiplan
Medicare Part B
Meritan Health-PHCS
Mutual of Omaha
NALC Health Benefit Plan
National Auto Sprinkler
NEIHBP
NJ Carpenters Healthfund
Philadelphia America
Qualcare
Railroad Medicare
Retiree Medical Insurance
RSL Specialty Products Admin-Multiplan
Standard Life and Accident Insurance
Stirling Benefits Inc
Stonebridge Life
Thrivent Financial (Medicare Supplemental)
Tokio Marine HCC/First Health

Transamerica
Tri State Health & Welfare Fund (Amerihealth Admin)
Tricare
Unicare
Uniformed Services Family (US Family)
United American Insurance (Medicare Supplemental)
UPMC Health Benefits-Multiplan/PHCS
VA Community Care