LINCOLN ROAD DERMATOLOGY

Office Policy & Financial Consent

We run our practice differently: fewer patients, more time, and a team that knows you by name. This policy explains how we work and what we ask in return, so your experience with us is simple and free of surprises.

AT A GLANCE

Card on file	Required for all patients, saved securely in your portal before your first visit.
If insurance doesn't pay	Visits are $200; procedures and tests are billed at our self-pay rates.
Missed appointments	Please give 24 hours' notice. Surgery, aesthetic or procedure visit $100; medical visit $50.
Cosmetic care	Not covered by insurance; paid in full at your visit.
Payment	Cards only. Please bring photo ID and your insurance card. We do not accept checks.

Our Commitment to You

Your time is respected.
We never overbook, and we work hard to start on time.

Unhurried care.
Time with your doctor is focused on you and your plan.

Direct communication.
We reach you by text, email or phone, and you reach a team that knows your care.

Transparent billing.
Any balance comes with your insurer's explanation, so the numbers are clear.

Your records, anytime.
Always free through the Sadio patient portal.

Keeping these promises depends on a partnership. The sections below explain what we ask of you.

1 Card on File — Required

A valid debit or credit card on file is a condition of care. We cannot schedule or see patients without one. The only exception is a patient who pays in full at every visit; partial payment does not qualify.

Most balances are known only after insurance processes a claim, sometimes weeks after your visit. A card on file lets us run efficiently without paper statements, phone calls or collection notices.

- Your card is saved securely through your patient portal and is never stored on paper.

- HSA/FSA cards may be used at checkout for eligible medical charges but cannot be the card on file.
- If your card expires or is declined, please update it in your portal before your next appointment.

By saving a card, you authorize us to charge it for copays, deductibles and coinsurance; visits, procedures, tests and services insurance does not pay for (section 4); in-office tests (urine pregnancy, strep); unpaid outside-laboratory fees; missed appointment fees (section 2); telemedicine visits insurance does not pay for (section 6); a $10 certified letter fee when we must send one because we could not reach you about a skin cancer, recommended surgery, treatment or testing; and itemized statement and collection fees (sections 5 and 11).

2 Your Appointment Time

Because we do not overbook, the time you schedule is set aside only for you. Please give at least **24 hours' notice** to cancel or reschedule. A missed appointment or late cancellation is charged to your card on file:

Surgery, aesthetic or procedure appointment	**$100**
Medical visit	**$50**

This is a charge for reserved time, not medical services, and is not billed to insurance. Any unpaid fee must be settled before your next appointment is scheduled. Repeated missed appointments may affect your ability to schedule with us.

3 Staying in Touch

We contact you by phone, text and email using the information in your patient profile. By signing, you allow us to leave detailed messages about appointments, results, medications, your doctor's instructions and billing, including insurance details and balances. This consent is not required for treatment, and you may withdraw it in writing at any time (info@lincolnderm.com).

4 Insurance & When Insurance Does Not Pay

As a courtesy, we check your insurance before your visit. Coverage is between you and your plan, so please confirm your benefits, network status and any referrals or prior authorizations your plan requires.

If insurance does not pay for any reason (inactive coverage, out of network, missing referral or authorization, an excluded service, or a denied claim), you are responsible for the charges:

Visit	**$200**
Procedures, tests and other services	**Self-pay rate**

Our self-pay schedule is available anytime on request. If you choose to pay for care yourself, you will receive a written Good Faith Estimate before your scheduled care. If your doctor expects a service may not be covered, we will let you know beforehand whenever possible. Medicare patients may be asked to sign an Advance Beneficiary Notice.

Medicare & secondary insurance: With an automatic Medicare crossover, Medicare forwards the claim for you. If there is no crossover, no secondary, or we are out of network with your secondary, the deductible and 20% coinsurance are due at your visit, and you would send your Medicare EOB to your secondary plan. If a secondary plan does not pay in a timely manner, these amounts remain your responsibility.

5 How Billing Works

1. At your visit we may collect your expected copay, deductible or coinsurance (an estimate).
2. We submit your claim; your insurer usually processes it within 2–6 weeks.
3. If you owe a balance, we text you the amount, matching your insurer's Explanation of Benefits (EOB).

If your insurer needs information directly from you, such as other coverage, we will text you right away. If the claim is denied because the insurer did not hear from you, the charges in section 4 apply.

A receipt for a single date of service is complimentary. Itemized statements covering multiple dates are $35, and a full calendar-year compilation is $75.

6 Telemedicine

When appropriate, we offer telemedicine visits for your convenience. Some concerns still need to be seen in person, and connections can occasionally be interrupted. If insurance does not pay for a telemedicine visit, it is $200, charged to your card on file.

7 Medical, Cosmetic & Laboratory Services

Medical care is billed to your insurance when applicable. **Cosmetic and elective treatments** are not covered by insurance and are paid in full at your visit; a cosmetic consultation fee applies. Cosmetic concerns are best scheduled as a dedicated appointment; during a medical visit they are addressed only as time allows and may carry an additional fee.

Laboratory services: Outside laboratories, such as pathology for a biopsy, bill you directly and separately. We bill only for tests we perform in the office (urine pregnancy and strep).

8 Procedures

Procedures such as biopsies, cultures, surgeries, injections and cryotherapy are billed separately from the visit. Before any procedure, your doctor will explain its purpose, benefits, risks and alternatives. Risks may include pain, bruising, bleeding, scarring, skin color changes, infection, recurrence, or need for further care. Some procedures have their own separate consent.

9 Medical Photography

Photographs help us track your skin. We take them for your medical record only, store them securely, and share them only with the doctors and care team involved in your care. We never use your photos for marketing or social media without a separate Photography Consent.

10 Refunds

If insurance later pays for something you already paid, we refund you, to your card on file or original payment method whenever possible. If that is not possible, we will contact you; otherwise the amount stays as a credit for future visits. We review refunds monthly.

11 Unpaid Balances

When a balance is due, we send a text. If it remains unpaid, we send one reminder, and then the balance is charged to your card on file. If a balance still cannot be resolved, the account may be referred to collections, which adds a 30% service charge plus any collection agency or attorney costs.

12 Privacy & Your Rights

Our Notice of Privacy Practices explains how your health information is used and your rights. It and the Florida Patient's Bill of Rights are available at **lincolnderm.com/patient-policies**, or in the office on request.

13 Our Partnership

To continue care with us, we ask that you keep a valid card on file, settle balances promptly, respond when your insurer needs information, keep your appointments or reschedule ahead of time, and treat our team and other patients with courtesy. To keep our lobby comfortable, please do not bring large items such as bikes or scooters. We reserve the right to end the care relationship when these expectations are not met.

Signing This Policy

You'll sign this policy in your patient portal before your first visit. By signing, you agree to its terms, including keeping a valid card on file and authorizing the charges described in sections 1 and 4, and acknowledge that you have received, or have been given access to, our Notice of Privacy Practices. A parent or guardian signs for a minor and must attend the minor's visit unless prior written authorization is on file.

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