

Frequently Asked Billing/Insurance Questions



Q: Will my Skin Cancer Exam be covered as “Preventative?”

A: The only cancer screenings that are covered under the preventative care benefits are: breast, cervical and colorectal cancer screenings. Skin Cancer screenings are generally not covered under your preventative care benefits. * Any applicable copays, deductibles and or coinsurance would apply to skin cancer exam appointments.

Q: How do I know if my insurance will cover my visit or surgery? How much will it cost?

A: Coverage varies with each insurance company, so please call your insurance company with questions about coverage. Deductibles, coinsurance, and copays will be applicable for covered services. As a convenience, we will submit your charges to your plan, but you, as the patient, are ultimately responsible for the payment in full of your account with ADC. If you have any questions about your coverage, please check with your health insurance plan prior to your appointment with us.

Any unpaid balance over 30 days may be assessed a finance charge which is computed at a periodic rate of 1 1/2 % per month, which is an annual percentage of 18%. Bills unpaid after 3 months will be sent to a collection agency. There will be a \$20.00 processing fee for any returned checks. If you have any questions about costs or billings, please ask us so that any confusion or misunderstanding may be prevented.

Q: What is a referral or prior authorization?

A: Some insurance plans require a referral when seeking care from a specialist. A referral is completed by your primary care physician and is sent into your insurance company. It is your responsibility to obtain any necessary referrals. A referral means that your primary care physician has approved for you to see a doctor outside of your primary clinic. A referral DOES NOT guarantee payment from your insurance company.

ADC, will work with you and your insurance company to obtain prior authorizations for certain services. A prior authorization means that a proposed medical visit/treatment is medically reasonable and necessary. A prior authorization DOES NOT guarantee payment from your insurance company.

Q: What is a deductible, coinsurance or copay?

A: Deductible: the amount that you must pay for before your insurance begins to pay. These amounts can change every year.

Coinsurance: an amount you may be required to pay as your share of the cost of health care services after you pay your deductible. Coinsurance is usually a percentage (for example: 20%)

Copay: an amount you may be required to pay as your share of the cost for health care services. A copayment is usually a set amount, rather than a percentage. (for example: \$15 office copay)

Q: Is there a fee if I cancel or do not show for my appointment?

A: Failure to cancel your appointment within 24 hours or not showing up for a scheduled appointment, may result in a \$50.00 'Holding Fee' to schedule future appointments.

Q: Do I need a referral to be seen at ADC? What if I have a referral?

A: We do not require a referral to be seen by one of our providers. Your insurance company may require a referral, however, you will need to contact your insurance company to make sure that they do not require a referral.

If you have been referred to ADC by your primary care clinic, it is your responsibility to have the proper authorization for your appointment. A patient care plan is not a referral. Your health insurance plan may require referrals for every visit. Failure to obtain the proper authorization may result in personal expense to you. Many health insurance providers do not issue retroactive referrals.

Q: What if I need a cosmetic treatment or would like to be seen cosmetically, are those visits covered by insurance?

A: Patients receiving (medically unnecessary) cosmetic services, or with private or no insurance, must pay the full balance at the time of service. For your convenience, we accept Discover, MasterCard and Visa. You can request an itemized statement that you can attach to your health insurance claim form if you file for reimbursement from your health insurance company. If you are scheduled for a surgical cosmetic procedure, you may be required to pay the anticipated surgical fee two weeks prior to the procedure. If payment is not received, your procedure may be canceled.

Q: What if I do not have insurance. Can I still be seen at ADC?

A: You may still choose to be seen at our clinic, however it will be at your own expense and payment in full will be due at the time of the visit.

***Insurance can be confusing with all the changes in health care. Our billing and insurance specialists are willing to answer questions about your account. Please call (651) 484-2724 and we will be happy to assist you.

