

Questions

For all insurance and billing questions, please call the billing department at 330.725.0569 x 308.

We thank you for choosing Trillium Creek Dermatology & Surgery. We look forward to working with you and establishing a long-term relationship.

Please Mail All Payments To:

HMT Dermatology Associates, Inc.
P.O. Box 75661
Cleveland, OH 44101



Trillium Creek Dermatology & Surgery

is a world-class dermatology, skin care and integrative medicine center. We pride ourselves on innovation and bringing our patients and clients the latest, most advanced treatments in medical care and aesthetics. Our integrated care centers offer patients our exclusive combinations of treatments and therapies.

330.725.0569
TrilliumCreekOhio.com



Trillium
Creek

CONTACT US:

Medina

5783 Wooster Pike
Medina, OH 44256

Wooster

Inside the Milltown Professional Building
128 E. Milltown Road, Suite 208
Wooster, OH 44691

OHM & Mohs Skin Cancer Center

5779 Wooster Pike
Medina, OH 44256

Phone: 330.725.0569
Fax: 330.662.0258

APPOINTMENTS:
Call 330.725.0569

TrilliumCreekOhio.com



Trillium Creek

DERMATOLOGY & SURGERY CENTER

Patient Information
Insurance & Billing Policies



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Insurance Principles

There are four basic components to your insurance plan: co-payment, deductible, co-insurance and out-of-pocket maximum.

For 2016

Medicare Part B: \$166 deductible

Medicare co-insurance: 80% / 20%

Patient responsibility: 20% of allowed charges

It is also important to understand your plan type (examples: HMO, PPO, POS, EPO). Some plans require referrals to see specialists.

Biopsy Information

Any biopsy specimen will incur pathology charges. The specimen will be sent to Partners in Pathology for processing. Dr. Joshua Weaver will review the biopsies.

The pathology charge is \$162 per specimen. However, charges can be greater than \$162 if special staining is required.

If you are a Medicare Railroad or traditional Medicare patient, there will be two bills submitted to insurance and you - one from HMT Dermatology and one from Partners in Pathology. If you have non-Medicare coverage, there will be one bill for pathology.

No-Show Policy

After one no-show appointment, we will send an automated call to inform you that you will be billed for each subsequent no-show. This will increase in \$20 increments - \$20, \$40, \$60, \$80, etc. - up to a maximum of \$500 per no-show.

Self-Pay Patients

All self-pay patients should identify themselves. Speak with us about the anticipated charges and whether any lesions need to be biopsied. Please remember, any pathology charges will be billed approximately 4 - 5 days after your appointment.

Cosmetic Patients

A \$200 deposit is required at the time of scheduling for any cosmetic service. This deposit will only be charged for cancellations made less than 24 hours before your scheduled appointment or if you do not show up to the appointment. All cosmetic payments are due in full at the time of services.

Holistic Patients

All holistic payments are due in full at the time of service, payable to HMT Dermatology Associates, Inc. For more questions, please call 330.721.9990.

All Personal Balances

You will receive one (1) statement from our office after insurance processes your visit. You then have 30 days to pay your bill. If the bill is unpaid after 30 days, all outstanding balances that remain after insurance processes will be automatically charged to the credit card stored on file. Receipts will be provided by email. If you do not provide an email address, you will not receive a receipt unless you call in to request one.

If there are issues with your card and your bill is not paid in full, you will be turned over to First Federal Collection Control in 30 days.

Refill Requests

If it has been six months or longer since the patient has been seen, or if the patient has not followed up as instructed, their refills are denied. For example, if the patient does not come back for the prescribed follow-up appointment, they cannot call for a refill. There are no exceptions.

Patients are instructed to please check with their pharmacy after 48 hours for refills. If there are problems or concerns, we will be sure to return their call.

If a patient is 60 days past due, they must pay their complete bill before we refill their prescriptions. No refills will be granted if in collections.

Copays

Any and all copays must be paid at the time of service by credit card (Visa, Mastercard, Discover, America Express etc.). ***Cash and checks are no longer accepted.*** This credit card information will be stored on file. If your insurance does not require a copay, you are required to give your credit card information to be stored on file.

Insurance/Referrals

We accept most insurance plans. Patient must check with their insurance carrier to determine whether a referral is required to be seen. Referrals must be received prior to the day of a patient's appointment or patient will need to reschedule.