FAQ (Frequently Asked Questions)

The Department of Dermatology has had a successful credit card on file (CCCF) policy for the past 15 years. We understand this is one of the most important and difficult conversations we must have with our patients. Why? Because there are many questions surrounding the rationale behind it so we have distilled the most commonly asked questions by our patients in an effort to allay your concerns and provide as much information as possible to inspire confidence and establish credibility.

Q: Why do I have to leave CCOF?

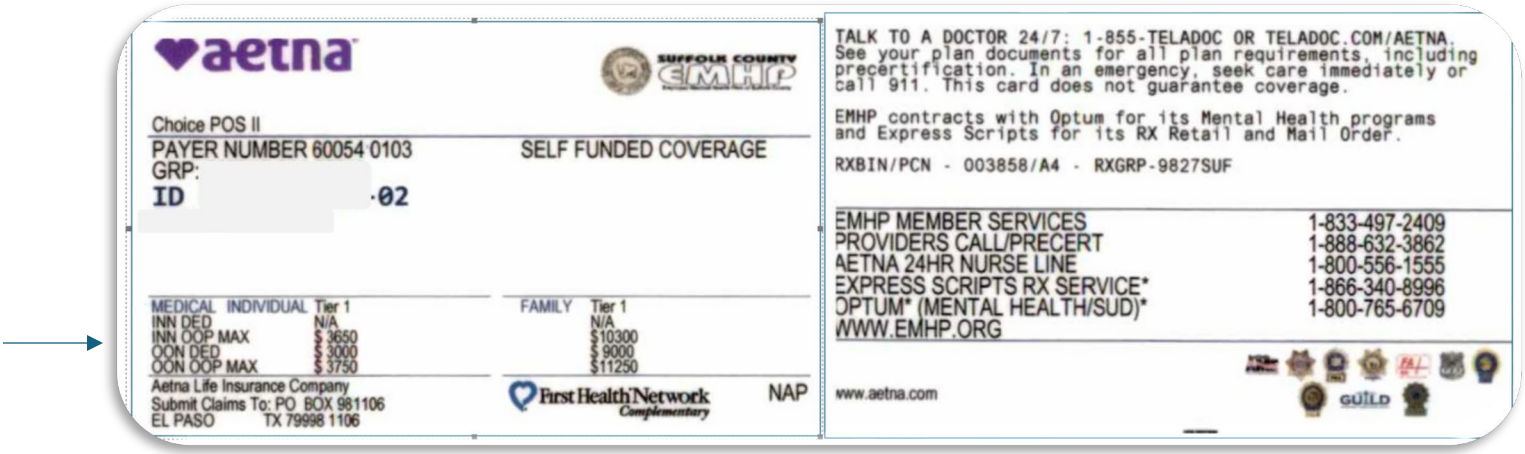
As a function of accruing bad debt caused by unresolved patient balances around deductibles applied to services, precedent was set many years ago to require a credit card on file or some form of collateral (HSA, FSA, debit card, credit card) to adequately safeguard against this. This standing policy is unique to the Department of Dermatology though it's likely other Stony Brook practices will adopt this protocol.

Q: How do you know whether I have a deductible, co-insurance, and or copay?

We are well-versed in billing and have access to online portals that enable us to see how your plan is designed; we don't guess or make blanket statements. Every patient is treated uniquely based on how their insurance plan and policy is written and presented by carriers for registration and billing staff to understand what kind of conversation to have and what our next steps are.

There are plans that have in-network and out-of-network deductibles. This is a set amount that must be paid by the insured first before the plan makes any payments within a calendar year and then renews. Plans that have a co-insurance are designed to hold the insured responsible for a % of the contracted total allowance of any submitted claim (typically this is between 20% - 40% and can't be calculated up front). Copayments at a minimum are typical of most plans and vary based on whether you are seeing your primary care doctor (PMD) or a specialist.

The sample card below shows a lot of these details right on the front:



Q: How is my credit card on file used?

Your credit card information is stored through a secure merchant compliant with PCI DDS (Payment Card Industry Data Security Standards) used throughout the Stony Brook Departments and can't be accessed by any staff except the revenue cycle/billing team. It is strictly used to cover claim balances derived from policy deductible and co-insurance which can't possibly be determined up front without knowing every carrier plan, policy, and nuance. Our intent is not to indiscriminately charge your card, only to provide a safety net against debt incurred as a result of patient balances that often go unpaid.

Q: Is this for all deductibles or is there a threshold?

> This policy is for any patient/subscriber/dependent who has an in-network deductible greater than or equal to $1,000 or for any patient/subscriber/dependent with a coinsurance amount greater than 20%.

Q: How does this work? How much will the visit cost?

Allowable amounts for services are based on Stony Brook contracts. Your services are billed to the insurance carrier and based on your policy, the carrier will reimburse your provider and determine what portion of the claim is your responsibility. This portion is realized either as part of your deductible or co-insurance depending on your plan and varies greatly not only by plan type, but also, policy type of which there are hundreds across our patients. Every processed claim yields an explanation of benefits (EOB) that is sent to both you and our central billing company so the claim can be reconciled and a statement generated (when applicable) of your account balance for a given date of service. *Our policy is to grant every patient a 21-day window from receipt of the statement to contact the billing office with any questions and to resolve your balance; this is done intentionally to ensure you have control over what is charged to the card you have left on file.* Should there be no engagement within this window, your card ***will*** be charged the balance due.

Q: What will my visit cost today?

We have no way of knowing in advance what dermatologic services you will need outside of the examination & management (E&M) fee which is either billed as a new or existing patient. An ***estimate*** of these fees is $473/$358 respectively. If there are additional procedures performed referred to as "ancillary charges" such as a biopsy, or a destruction of a benign lesion with "cryosurgery" for example, these are separate and distinct charges from the E&M. Please keep in mind that irrespective of our fees, if we participating with your plan, we are contractually bound to accept their reimbursement allowance per service.

Ex: $473 billed. Your copay of $25 has been deducted from the reimbursement with the understanding we have collected it up front. The insurance allows $400 for the code billed which has been attributed to your in-network deductible. On paper, $400 will be your responsibility of which $375 would be remaining.

We do not have access to contracted rates across all the carriers we are participating with

Q. Am I going to be notified when you are going to use my card?

There is no formal outreach before your card is charged which is why we have baked in a 21-day grace period to give every patient ample opportunity to reach out to the billing office with questions once they have received their account balance statement.

Q: What if my insurance deductible has been met, is my credit card still kept on file?

Yes, the credit card you provide remains on your account because deductibles and co-insurances renew every year. Keeping your card on file is safe, efficient, and effective for the purpose of streamlining our billing processes.

Billing office contact information: 631-444-4800

All questions about your account statement should be addressed by the billing office. If they are unable to address specific questions, your questions will be routed to our internal senior management billing and registration team to resolve.