

FOUR SEASONS DERMATOLOGY NEW YORK
 PATIENT-PROVIDER DISPUTE RESOLUTION FORM

	Yes/No
Did you receive a Good Faith Estimate from the billing department?	
Is the bill you received at least \$400 more than the Good Faith Estimate?	
Is the date on the statement within the last 120 calendar days?	

If you answered NO to any of these questions, you do not qualify for dispute resolution. If you answered YES to all questions, you may continue with the rest of the form.

Patient Name: _____

Name of person disputing, if different from above:

Mailing Address: _____

Phone Number: _____

Date of Service	
Good Faith Estimate Amount	\$
Actual Billed Charges	\$

You may email this form to billing@skinvt.com or mail to 354 Mountain View Dr., Suite 300, Colchester VT 05446. If you need assistance, call 802-864-0192.

You may also start a dispute with the U.S. Department of Health and Human Services (HHS). Their dispute form can be found at cms.gov/nosurprises. They can be reached by phone at 1-877-696-6775. Please note they require a \$25 fee to use their dispute process.

Patients in New York also have the option of disputing through New York Independent Dispute Resolution (IDR). Their form is located at https://www.dfs.ny.gov/system/files/documents/2020/10/idr_patient_application.pdf

It must be mailed to:

New York State Department of Financial Services
Consumer Assistance Unit/IDR Process
One Commerce Plaza, Albany, NY 12257