

## **The Dermatology Clinic - Financial Policy**

We appreciate the opportunity to serve you, and want to thank you for choosing our clinic for your Dermatology services. We are committed to your treatment success and strive for providing you excellence in service. Prior to receiving any services, we do require you to read and sign the following statement regarding our Financial Policy :

**Forms of Payment** We accept cash, check, Visa and MasterCard.

**Patient Responsible Balances Due at Time of Service** Co-pays that are required by your insurance policy are due at the time of service. If you have no insurance and are self-pay, or if having an elective non-covered service, your balance in full is required at time of service. If you or any of your family members have an outstanding balance, we may ask for payment of this balance at this time.

**Insurance Billing** As a courtesy to our patients, we bill most major insurance carriers directly. Your insurance policy is a contract between you and your insurance carrier. We are not a party to that contract. You are responsible for understanding how your insurance works. If your insurance denies a claim due to inaccurate or incomplete information you have provided to either us or them, we may bill you directly for the unpaid balances. We are not obligated to wait for you to resolve a dispute with your insurance company before seeking payment from you. We will ordinarily help you as best as possible to get proper and timely payment from your insurance.

**Rates for Non-Contracted Insurance Carriers** If we have a contract with your insurance carrier, then the maximum financial responsibility of you and your insurance carrier combined is determined by our contract with them as the "allowable fee" for the specific services rendered. However, if we do not have a contract with you insurance carrier, then the total financial responsibility is determined by our standard fee schedule for services rendered.

**Minor Patients** A parent or legal guardian must accompany minors at the time of initial visit, and this person becomes the responsible party. Unaccompanied minors at subsequent visits are still expected to make co-payments and to update any changes to patient or insurance information. If parents are separated or divorced, accurate parent and insurance information is required at the time of service, and only with written consent can any parent become the responsible party. In the event of any disputes, the parent or guardian who accompanied the minor at the initial visit bears responsibility for outstanding balances.

**Missed Appointment Fees** If you miss, cancel or reschedule an appointment within less than 24 hours of the appointment time, there may be a \$75 fee assessed to your account, depending on the circumstances and previous appointment history.

**Returned Check Fees** If your check is returned by the bank due to insufficient funds in your account, there will be a \$50 fee assessed to your account.

**Account Balances** Please pay your bill promptly or call us at your earliest convenience if you have any questions about your balances due. Our general policy is that balances due be paid within 30 days. Outstanding balances not paid within 90 days may be turned over to a collection agency, resulting in further finance charges and reporting to national credit bureaus, such as Trans Union, Experian and Equifax. Please contact us immediately if special financial circumstances arise, as we may be able to arrange a payment plan.

Thank you for taking the time to read and understanding our Financial Policy. Please let us know if you have any questions or concerns.

**My signature below indicates that I have read, understand and agree to the terms of this Financial Policy:**

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**Signature of Patient or Responsible Party**

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**Date**