



**FINANCIAL POLICY**

Thank you for choosing Center for Dermatology & Laser Surgery for your dermatology needs. We are committed to providing you with quality health care. Please read this updated payment policy, ask us any questions you may have, and sign in the space provided. A copy will be provided to you upon request.

**1. Self-Pay:** Self-pay patients without insurance will be asked to pay their balance in full at the time of visit. Payment made in full at the time of visit will receive a 20% discount. If you are unable to pay in full at the visit a deposit of \$206 for new patients and \$139 for established patients is *required*. All additional charges will be billed directly to you with payment due in full within 30 days from date of service and do not receive the 20% discount.

**2. Insurance:** Patients are required to bring their current insurance identification card to *each* appointment. It is patient’s responsibility to inform us of any changes in insurance, address, or telephone number. If no insurance card is present and needed at the time of your visit you will be charged the \$206 deposit for new patients or \$139 deposit for established patients. You will be responsible for paying your annual deductible, co-insurance, co-payment and any charges for all non-covered services. **\*\*If your insurance requires a referral, please call your primary care physician to obtain one prior to your visit. Without a referral, you will be asked to reschedule your appointment.**

**3. Co-payments:** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-payments from patients can be considered fraud. Please help us in upholding the law by paying your co-payment at each visit. Our office accepts cash, check, all major credit cards, and Care Credit for all medical visits. If a co-payment is not received at the time of your visit there will be a \$20 billing fee added to your account.

**4. Medicare:** We accept Medicare assignment and will bill your secondary insurance for you. You are responsible for paying your deductible, co-pay, co-insurance, and any amount not paid by Medicare or your secondary insurance.

**5. Out of Network Plans:** Patients who are covered by a private plan in which our physicians are not participating providers will be required to pay a \$206 deposit for new patients and \$139 for established patients at the time of service. The entire unpaid balance left after payment from your insurance will be billed to you regardless of the benefits and payment policies of your carrier.

**6. Pathology and lab fees.** Please be aware that any pathology and/or lab fees will be billed separate from your visit. If you have a procedure that requires us to send a specimen to the lab on your behalf, you will receive a statement from that lab. Please advise us at the time of your visit if your insurance company requires you to use a specific lab.

**7. Cosmetic Appointments and Product Purchase:** We accept cash or card only-no checks please. Checks are ok for medical services.

**8. Cancellation Policy:** Our goal is to provide quality dermatology care in a timely manner. We have implemented a cancellation policy which enables us to better utilize available appointments for our patients in need of dermatology care. **\*\*Failure to cancel your medical or cosmetic appointment without 24-hour notice is considered a “no show”.** No shows will be billed \$100 for an office visit/cosmetic visit-including consults. There is a \$150 fee for surgery appointments and they do require a 48-hour notice to cancel. These charges will be your responsibility and billed directly to you. We reserve the right to dismiss patients from our practice after 3 missed appointments in a 12-month period. Please help us to better serve all of our patients by keeping your regularly scheduled appointments.

**9. Returned Check:** In the event we receive a returned check due to insufficient funds, a *\$35.00 check fee* will be charged to your account. Payment will be due in full immediately upon notification.

**10. Delinquent Accounts:** Patients on a payment plan for a past due balance are required to proceed as Self Pay until balance is paid in full. If your account balance is turned over to an outside collection agency *A \$25 processing fee will be charged* to your account. Once the account has been turned over to collections all future appointments would proceed as Self Pay until insurance processes.

**IMPORTANT NOTE ABOUT YOUR INSURANCE BENEFITS:**

Please be sure to check your insurance benefits. Treatments and procedures recommended for you are considered by your insurance company as a separate charge from the office visit with the provider, even if the appointment occurs on the same day as your appointment with the provider. Usually, co-pays and deductibles apply to these types of appointments. For specific questions regarding your insurance policy guidelines, please contact your carrier’s customer service department. As a courtesy, our office may contact your insurance to verify coverage on your behalf for specific procedures done in our office. Please note that the quote will come directly from your insurance company and The Center for Dermatology and Laser Surgery is in no way responsible for any misinformation provided by your insurance company.

Our practice is committed to providing the best care for our patients. Our charges are representative of the usual and customary charges for our area. Thank you for understanding our payment policy. Please let us know if you have any questions or concerns.

**I have read and understand the payment policy and agree to abide by its guidelines:**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Signature of patient or responsible party

\_\_\_\_\_  
Today’s date



Center for Dermatology

AND LASER SURGERY