



FINANCIAL POLICY

Thank you for choosing Dermatology Institute as your health care provider for your dermatology and cosmetic needs. We are committed to serving and treating you with the utmost care. Please understand that following office and financial policy is considered part of your treatment. The following is a statement of our policy which you are required to **read and sign before any treatment**.

- It is your responsibility to know your coverage and benefits and if we are a preferred provider of your plan. Please be aware that some or all services provided may not be covered by your particular plan. Should your plan not cover all services, you will be billed for the services not covered.
- We accept assignment of Insurance benefits at the time of coverage. WE CANNOT BILL YOUR INSURANCE COMPANY UNLESS FULL AND PRECISE BILLING INFORMATION IS PROVIDED BY YOU AT THE TIME OF SERVICE. This includes your primary insurance as well as any secondary insurance you may have. Every effort will be made on our part to obtain insurance information from you prior to the time of service. You are required to bring supporting documentation with you at the time of service. **If you fail to bring this information, you may be required to pay at the time of service or be rescheduled.**
- If your plan requires a co-payment, has a deductible or percentage you must pay, this amount is due at the time of service.
- If you do not have insurance or are undergoing a cosmetic/cash procedure payment is due before services are rendered. We do our best to ensure that you get the needed care. Access to care for our patients is our priority.
- If your insurance company has not paid your account in full within 120 days, you will be billed the balance. If you do not pay the entire balance by the end of the month, a late charge of \$10.00 "late fee" and it will be assessed each month. Bills that are not paid within 90 days of the first billing will be transferred to an outside collection agency. PLEASE DISCUSS ANY NEED FOR PAYMENT PLANS OR PROBLEMS WITH OUR BILLING DEPARTMENT. WE WILL MAKE EVERY EFFORT TO WORK WITH YOU.
- Failure to keep the account current will result in our being unable to provide additional medical services to you unless prepayment is made for services. You may be discharged as a patient if your account needs to be forwarded to a collection agency.
- ***There is a \$35.00 service fee for checks returned for insufficient funds or closed accounts. We accept VISA, MasterCard, cash, or check.***
- ***A 24 hour notice is requested if you must reschedule or cancel your appointment. This will allow the office to allot your time for another patient. Those cancelled less than 24 hours before the scheduled appointment time will be charged a "No Show" or "Cancellation" fee of \$35.00 for medical appointments and/or \$100.00 for cosmetic appointments.***
- ***For "Cosmetic Procedures" and "New Patients" a "Credit Card #" and "Exp. Date" must be placed on file when the appointment is being set and a fee of \$100 will be automatically charged. This fee will be used to complete any charges for your procedure and/or office visit.***

I HAVE READ AND AGREE TO THE ABOVE POLICY. I UNDERSTAND THAT REGARDLESS OF MY INSURANCE, I AM FINANCIALLY RESPONSIBLE FOR PAYMENT OF SERVICES RENDERED BY DERMATOLOGY INSTITUTE AND AUTHORIZE RELEASE OF MY INFORMATION TO MY INSURANCE COMPANY FOR PAYMENT OF CLAIMS FOR SERVICES RENDERED. I ASSIGN ALL INSURANCE BENEFITS TO DERMATOLOGY INSTITUTE. THIS AUTHORIZATION WILL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING.

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Acct # Date Printed Name Signature