

## PREMIER DERMATOLOGY



### FINANCIAL POLICIES

#### RESPONSIBILITY FOR INSURANCE INFORMATION:

- You (the patient) are responsible for assuring that we have ALL of your **current** insurance information on file at the time of service.
- You (the patient) are responsible for assuring that you understand the benefits offered by your insurance plan. Our providers recommend services based on their medical judgment and your condition at the time of service NOT based on whether or not your insurance will pay for a particular service. You are responsible for any services performed in our office at our recommendation that are not covered by your insurance or that may fall under your insurance deductibles. **This includes biopsies (and related reading of slides associated with the biopsy), removal of misc. lesions, injections, and treatments with liquid nitrogen.**

#### PAYMENT FOR SERVICES:

- Payment is required for all services at the time they are rendered unless you are enrolled in a prepaid plan in which Premier Dermatology participates. Please note, you may receive a bill following a service if your insurance determines that you were responsible for a co-pay or co-insurance that was not collected at the time of service.
- A collection fee of \$25 will be added to all accounts which remain uncollected 90 days after the date of service. Your account will also be subject to collection proceedings by an outside collection agency.
- A returned check charge of \$20 will be imposed on all checks that are returned by your bank as unpaid.

#### MISSED APPOINTMENTS:

When your appointment is scheduled we allocate that time specifically to you. Depending on the reason for the appointment, up to one hour may be reserved. When you miss an appointment without contacting us we not only continue to incur costs but, more importantly, we are idle during a time when your appointment could have been offered to another patient.

- New patients who miss their first appointment will be assessed a \$50 fee and will not be permitted to make additional appointments until this fee has been paid.
- Existing patients will be assessed a \$40 charge for a missed office visit, a \$75 charge for a missed procedure or surgery.
- Cancellation of your appointment must be made 24 hours prior to your scheduled appointment.

I certify that I have read, and fully understand, the above paragraphs.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_