



Patient Name (Print): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## **FINANCIAL POLICY**

This office will bill your insurance carrier, including Medicare, as a courtesy; you (the patient or guarantor) are ultimately responsible for any and all charges accrued in our office that are not covered or rejected by your insurance plan. Additionally, you will be responsible, at the time of service, for the payment of:

- Annual deductibles and/or co-payments
- Charges for non-covered and/or cosmetic services

We will verify your insurance eligibility and benefits prior to your visit; however, verification of benefits is not a guarantee of payment by your insurance. You will be billed any remaining balances if:

- Your insurance company pays less than the payment obtained on the date of service
- We obtain a denial from your insurance company
- A valid referral from your Primary Care Provider (PCP) was not obtained and is not on file at the time of service
- We have not received payment from the insurance company within 60 days of filing your claim

### **IF YOU HAVE NO HEALTH INSURANCE, YOU ARE 'SELF-PAY' AND PAYMENT IS EXPECTED IN FULL AT TIME OF SERVICE**

**MEDICAL APPOINTMENT:** A **\$50.00** fee will be charged for any missed, cancelled, or rescheduled appointment with less than 24 hours of notice.

**MEDICAL SURGERY APPOINTMENT:** A **\$100.00** deposit is required for any excision or Mohs procedure. Deposit will be forfeited for any missed, cancelled, or rescheduled appointment with less than 72 hours of notice.

**COSMETIC APPOINTMENT:** A **\$100.00** deposit is required. Deposit will be forfeited for any missed, cancelled, or rescheduled appointment with less than 72 hours of notice.

**COSMETIC SURGERY APPOINTMENT:** A **\$1000.00** deposit is required for any elective surgery. Payment in full is required 2 weeks prior to the surgery date. Surgeries cancelled within 2 weeks will forfeit 50% of payment. A **\$100.00** rescheduling fee will be deducted for surgeries rescheduled within 72 hours of notice.

**SATURDAY APPOINTMENT:** All patients seen on Saturdays are required to have a credit card on file. You will be charged **\$50.00** if you "No Show" or cancel within 24 hours.

**CONFIRMED APPOINTMENT:** All patients are asked to confirm their appointment at least 24 hours in advance. Your appointment maybe cancelled if you do not confirm prior to 24 hours of your scheduled appointment.

**RETURNED CHECK:** There will be a **\$50.00** service fee charged for any returned or cancelled checks.

**I have read, understood, and agree to ALL fees and charges stated above.**

\_\_\_\_\_  
Patient/Guarantor Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)