DERMATOLOGY INSTITUTE
& LASER CENTER

Financial Policy Consent

Thank you for choosing Dermatology Institute & Laser Center for your dermatological care. In order to minimize confusion and misunderstanding between our patients and the practice, we have adopted the following financial policies. We are committed to providing you with the best possible care and we regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

NO SHOW RESCHEDULING FEE

A charge of **$50** will be applied for any general dermatological appointment that is not cancelled or rescheduled within 24 hours of the appointment time. A charge of **$100** will be applied to any cosmetic appointment that is not cancelled or rescheduled within 24 hours of the appointment time.

SKIN CARE PRODUCTS PURCHASES

Skin care products must be returned within 90 days of purchase for reimbursement.

GENERAL

Your insurance policy is a contract between you and your insurance company only. If you fail to notify our practice of any insurance change(s), you are fully responsible for any amount not paid by your insurance company. Each health plan varies in regards to deductibles, co-payments, and co-insurance. Terms are contracted between the insurance company and the patient at the time you accepted the insurance. It is your responsibility to be aware of your deductibles, co-payments, and co-insurances and any changes that are made to your health plan for it will be your obligation to remit all appropriate payments as outlined in your insurance policy. These policy requirements do not allow our practice to absorb any co-payments, co-insurance, or deductibles.

HMO/PPO/OTHER INSURANCE COVERAGE

If you have insurance through a company we are contracted with, we will require a copy of your insurance card and a valid/current driver's license or personal identification card. All co-payments are due prior to seeing the physician on the day of the visit. If your insurance carrier requires a referral from your primary care physician, this is your responsibility and must be present at the time of the service. Failure to provide all necessary information may require you to pay the visit in full or to reschedule the appointment. It is your responsibility to keep track of your referral expiration dates and the number of visits given to you by your primary care physician. You will be responsible for all deductibles, co-insurance, co-payments, and any services denied by your insurance carrier as not medically necessary and/or not covered.

MEDICARE

Dr. Adriana Ros is a participating Medicare provider and accepts Medicare assignment as of June 2011, which is the ALLOWABLE charge approved by Medicare. Medicare will pay 80% of the allowable charges after you pay for your annual deductible. You are responsible for any amounts applied to your deductible and the 20% coinsurance. If you have a secondary insurance, as a courtesy, we will submit any remaining balance to that particular carrier. You will be responsible for all deductibles, co-insurance, co-payments and/or any services denied by your insurance carrier as not medically necessary and/or not covered.

COSMETIC PATIENTS

Cosmetic procedures will not be submitted to your insurance company. Payment is due at the time of service. A $100 fee is required at initial cosmetic evaluation appointment. This fee will be credited to your treatment.

DERMATOLOGY INSTITUTE & LASER CENTER

Financial Policy Consent (continued)

SELF PAY PATIENTS

For patients with no insurance, the guarantor is responsible for the bill at the time of service.

LABORATORY

Depending on your insurance carrier's policy, you may be required to pay a separate co-payment for any specimen taken during your visit.

MINOR PATIENTS

For all services rendered to minors, we will hold the parent or guardian accompanying the minor responsible for expenses incurred during the visit.

PAYMENTS

Prior to your treatment, someone for our business office will be happy to discuss any costs about which you have questions or concerns. Payments can be made by cash, check, Visa, MasterCard, or Discover. Patient balances are due immediately upon receipt of statement. There will be an additional $15 re-billing charge on any outstanding balance if payment is not received within thirty (30) days unless previous arrangements have been made in advance with our Billing Department. There will be a $25 returned check fee, in addition to any bank fee we have incurred. **Note: All accounts over 90 days will incur interest at the rate of 36% and will be submitted to collections after 120 days.**

COLLECTIONS

In the event that this account needs to be placed with an attorney or a collection agency because of an unpaid balance remaining on my account, I hereby agree and promise to pay interest of 1.5% per month for the outstanding balance to be calculated starting from my last date of service. In addition, I also agree and promise to pay a collection fee of $100.00 or 25% of the total balance due, whichever is greater, upon placement of an attorney or collection agency because of an unpaid balance remaining on my account.

I have read and fully understand all of the information above.

_____ _____

Printed Name (Last, First, Middle) Signature of Responsible Party

_____/_____/_____ _____-____-_____

Date Social Security #

BENEFIT ASSIGNMENT

I hereby authorize the assignment of benefits (payments) directly to Dermatology Institute & Laser Center / Dr. Adriana Ros for all my insurance claims related to services received. I agree to pay any and all charges that exceed, or are not covered by my insurance company. I understand that co-payments, deductibles and non-covered services are due in full at the time of service.

_____ _____/_____/_____

Signature of Responsible Party Date

RECORDS RELEASE

I authorize the release of any medical information necessary for the purposes of processing claims with my insurance company. I permit a copy of this authorization to be used in place to the original.

_____ _____/_____/_____

Signature of Responsible Party Date