

## Patient Financial Responsibility Policy

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Center for Skin & Cosmetic Dermatology (CSCD) is committed to providing you with the best possible medical care. The following information outlines financial responsibilities related to payment for professional services as you, the patient, are ultimately responsible for all charges associated with your care regardless of insurance coverage. CSCD believes that a good physician/patient relationship is based on understanding and communication. **Your signature below indicates that you have read and agreed to this Financial Policy.**

### Forms of Accepted Payment

CSCD accepts Visa, MasterCard, American Express and Discover credit cards, Care Credit, personal checks and cash. You will be provided a receipt for all payments.

### Participating Insurance Plans

CSCD participates with a variety of insurance plans. Please note the following:

- Bring your insurance card and picture ID to every visit.
- You are expected to pay your co-pay at each visit prior to your treatment.
- Your co-pay applies to the office visit only. CSCD is contracted with many insurance plans with agreed rates, and defined patient responsibilities. We send bills to you for services that your plan defines as amounts that you owe.
- Co-payments, co-insurance and deductibles are a contract responsibility between you and your insurance plan and we are unable to negotiate or reduce these amounts.

### Additional Treatment Charges

If you have a Biopsy taken, there are two separate charges for this service. The first charge is a provider charge for collecting the biopsy. This is added to your charges for the day you are seen in the office. Second, there is a laboratory charge to prepare the Biopsy slides for microscopic review combined with a charge for the pathologist to examine the specimen to provide the diagnosis. In unusual circumstances, some Biopsy specimens need additional laboratory processing and may be sent out to be processed by a specialized pathology service. You may receive a separate bill under these circumstances.

Skin tag removals are often not covered by most insurance plans and are considered cosmetic services. The patient is responsible for these charges.

Your insurance plan may also include an amount for your deductible. You, as the patient will be responsible. Dermatology services that fall in under your deductible include: lesion removals, biopsies, injections, and laboratory.

### Treatment of a Minor

If the patient is a minor (under 18 years of age), the parent or guardian must sign below. The parent, guardian, or unaccompanied minor is responsible for any payment due at the time of service, and providing required referrals, insurance and picture ID cards. We can discuss only billing information (no medical information) on an account for a patient over 18 years of age, regardless if the patient's parent, guardian or the subscriber is financially responsible.

### NSF Checks

Checks returned for non-sufficient funds represent a cost to us and to you. We reserve the right to charge fees associated with checks returned for non-sufficient funds, and all patient balances not paid in full after 45 days.

- For checks returned for “Non-Sufficient Funds”

\$35

**Payment Arrangements and Past Due Accounts**

We understand that financial difficulty may be a reality. Payment arrangements can be arranged if needed by contacting the Business Office. Any patient with past due account may be denied a future appointment until balance is paid or a payment arrangement is made.

**Collection Agency and Bad Debt**

We will not schedule any type of future appointment for you if your account has been turned over to collections nor has a bad debt write off. You may pay any amounts due either with CSCD or our outside collection agency prior to booking a follow up appointment.

**Consent to Receive Patient Statements**

\_\_\_ I would like to receive my patient statements via mail to my home address on file.

\_\_\_ I would like to receive my patient statements via email at \_\_\_\_\_.

**PATIENT FINANCIAL RESPONSIBILITY STATEMENT**

**I understand that it is my responsibility to provide current up to date insurance information prior to treatment. I also acknowledge that the filing of insurance claim(s) is NOT A GUARANTEE OF PAYMENT, and that I AM FINANCIALLY RESPONSIBLE FOR PAYMENT if such claim(s) are unpaid. I authorized payment of medical benefits directly to the doctor for services provided to me. A copy of this authorization shall be considered as valid as the original. I authorize the Center for Skin & Cosmetic Dermatology, to FAX my records to any physician or pharmacy for the purpose of coordinating or managing my healthcare.**

**For cosmetic services not covered by health insurance, I understand that charges are payable on or before the day service is rendered. I understand that photography is at times necessary as part of the planning and evaluating of treatment, and hereby authorize the taking of photographs at the direction of the physician and/or delegate, solely for documentation purposes and recognize they will be kept confidential unless otherwise disclosed. I understand that I am ultimately responsible for payment of services rendered not covered by my insurance plan and acknowledge that I have read this information.**

If you have questions about your insurance or this document, our Business Office will help you. However, specific coverage issues should be directed to your insurance company member services department (typically the number is found on the insurance card). If your insurance changes during your course of treatment, please notify us immediately.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date