



**NO-SHOW POLICY**

Z-ROC dermatology strives to provide unmatched care and experience for all of our patients which begins with on-time arrivals to scheduled appointments allowing our doctors to provide appropriate care without unnecessarily having to make others wait. Your time is valuable, and we will strive to be respectful of it.

We understand that there are legitimate reasons for having to cancel an appointment. We ask that you please show consideration by calling well in advance if you need to cancel or unable to arrive on time for your scheduled appointment. This courtesy will allow us to offer that appointment to another patient who needs to see the doctor.

Please let this notice serve to notify you that if you fail to give one full business day notice of cancellation (24 hours for a Tuesday-Saturday appointment or 72 hours for a Monday appointment), there will be a general \$50.00 no-show fee **OR** a \$100.00 no-show fee for cosmetic, surgical or a Saturday appointment. The no-show fee can not be filed to your insurance and your credit card will be charged that day. Additionally, arriving more than 15 minutes after a scheduled appointment for the purposes of this notice will be considered a "no-show" with the applicable no-show fee. (**Note:** Appointments that are made, re-scheduled, or cancelled are digitally time-stamped by our system.)

**PAYMENT FOR MEDICAL SERVICES POLICY**

Self-Pay patients are required to pay at the time of service. For patients with insurance, co-pays, deductibles, and estimated out-of-pocket expenses are required to pay at the time of service. The balance will be submitted to your insurance company. At times, the estimated out-of-pocket expenses may not cover the total cost of the procedure and a bill will be sent to the address on file. If an outstanding balance remains on the patient's account for forty-five (45) days after an invoice is sent, the patient's credit card on file will be charged the remaining balance. If the estimated out-of-pocket expenses collected is more than the cost of the procedure, a refund of the difference will be sent to the billing address.

**CREDIT CARD AUTHORIZATION / POLICY**

We ask that you provide an updated credit card number to have on file upon scheduling your next appointment. Rest assured that all cards on file are added to the system via a secure electronic process that ensures the information is encrypted and remains protected. There are specific treatments that we offer that will require a non-refundable deposit upon scheduling an appointment. Your medical provider and/or receptionist will inform you if you are required to do so. By signing below, the patient is authorizing Z-ROC Dermatology, LLC, to charge the cardholder for no-show fees, unpaid medical services, and specific treatments requiring non-refundable deposits pursuant to the above policies. The no-show fees and non-refundable deposits will be charged to the credit card on the date of the appointment.

Effective Date: February 15, 2019

**Credit Card Information**

Credit Card Type:  MasterCard     Visa     American Express     Discover

Card Number: \_\_\_\_\_ Expiration Month: \_\_\_\_\_ CVV: \_\_\_\_\_

Expiration Year: \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Patient's Name (PRINTED)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date