Dermatology Institute & Skin Care Center
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Financial & Office Policy

Thank you for choosing Dermatology Institute and Skin Care Center as your Medical and Cosmetic provider.It is our hope that our patient understand our credit, collections and office policies are a necessary part of assuring the financial resources required to maintain vital healthcare services for our patients and the community. Our goal is to provide and maintain a good provider- patient relationship. Letting you know in advance of our office and financial policies allow for a good flow of communication and enables us to achieve our goal. Please read each section carefully and initial. If you have any questions, don't hesitate to ask a member of our staff.

1. **Insurance Plans.** It is your responsibility to keep us updated with your correct insurance information. Upon arrival we ask that you come prepared to present your insurance card at ever visit to verify that our office has the most updated card on file. If the insurance card/ plan you present is incorrect or invalid, you will be responsible for payment of the visit. According to your insurance plan, you are responsible for any and all copays, deductibles and coinsurances. Copayments are due at time of service. Please be aware that some and perhaps all of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. You must pay for these services in full at the time of the visit. **INITIALS_______**
2. **Appointments.** We value the time we have set aside to see and treat you. If you are not able to keep an appointment, we would appreciate no less than 24 hour cancellation notice. If you are late for your appointment, we will do our best to accomodate you, however it may be necessary to reschedule your appointment. Please remember that all of our appointments are scheduled appointments and if notice is not received no-show and late cancellation fees will apply. They are as follows:
    1. $50 Medical Visit
    2. $100 Cosmetic Visit **INITIALS_______**
3. **Nonpayment.** If your account is over 90 days past due, you will receive a letter stating that you have 20 days to pay your account in full. Please call our office for more information. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency. **INITIALS_______**
4. **Prescription Refills.** For medication refills, we require 48 hours notice, during regular business hours. Please plan accordingly. **INITIALS_______**

Card on File Program

We are excited to offer an innovative program to help you manage your healthcare dollars. As a result of the changes in healthcare, many patients have chosen individual high deductible health plans to help lower their monthly insurance premiums. With the *Card on File Program* we securely save your credit or debit card and work with your health plan to determine your payment amount after each visit. We process the payment for you automatically and let you know the amount 7 days prior to your card being charged. The *Credit Card on File program* eliminates the hassle of writing a paper check and mailing in a payment. We do all the work for you! Please fill out the attached *Card On File Authorization* on the next page to begin enjoying the benefits today!

Thank you for understanding our Financial and Office policy. Please let us know if you have any questions or concerns.

I have read and understand the Financial and Office Policy and agree to abide by its guidelines:

Signature of patient or responsible party:____Date:_______________