

OFFICE POLICIES

Insurance Financial Policy:

It is advised that as a patient, you should understand your insurance plan benefits and your responsibility for any deductibles, co-insurance or copayment amounts prior to any visit. As a courtesy, Unique Dermatology & Wellness Center will submit your claim to your insurance carrier, however this is not a guarantee that your carrier will make the payment. Your insurance identification card is required at **each** visit, and is the patient responsibility to verify with your insurance company prior to your visit that your particular plan is considered in network with our office. Some insurance policies require that prior to your office visit, you must obtain a referral from your primary care physician. If this is not acquired prior to your visit, you may be asked to reschedule your appointment or pay for your visit in full. Payment is required for all services at the time they are rendered unless you are covered under an insurance policy in which we participate. For these patients, applicable copayments, deductibles and/or coinsurance will be collected at the time of service. **The patient is responsible for any and all charges not paid for by their insurance company.** I have read and understand the financial policy statement. I agree to make prompt payment in full to Unique Dermatology & Wellness Center when billed for any and all charges not covered or paid by valid insurance benefits for and in consideration of services rendered. Any unpaid balances will result in collection actions. Further, I authorize payment directly to Unique Dermatology & Wellness Center for medical insurance benefits payable to me under the terms of my policy but not to exceed the balance due for services performed for my treatments. This authorization is valid until revoked in writing.

Disclosure for Medicare Patients

I authorize any holder of medical or other information about me to release to the Social Security Administration and Center for Medicare and Medicaid Services or its intermediaries or carrier, any information needed for this or a related Medicare claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits either to myself or to the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply. This authorization is valid until revoked in writing.

Appointment Policy

In order to provide timely appointments without excessive wait time, we ask that patients arrive to their appointments on time. Please be advised that we reserve the right to reschedule an appointment if a patient is more than 15 minutes late.

After Hours Urgent Medical Need

If you require **emergency** medical services and it is not our offices normal business hours, please call **911 immediately**. If this is an urgent medical need and you need to speak with our physician and/or medical team after our normal business hours, please call 813.629.6900. Your call will be returned promptly.

No Show/ Cancellation Policy

If you are unable to make your appointment, Unique Dermatology & Wellness Center requires a **24 hour** notice prior to your appointment for cancellations. If you do not cancel your appointment within this time period, you are subject to a **\$35** cancellation/no show fee. This fee will be the responsibility of the patient and is not covered by insurance. An excessive amount of missed appointments could result in being discharged from our practice.

Return Policy

As a convenience, Unique Dermatology & Wellness Center offers multiple products for sale in the office. It is our policy that skin care products cannot be returned. **Sales are Final.**

Payment and Financing Options

Our office accepts payment types : Debit, Mastercard, Visa, American Express. We also offer Care Credit for your Beauty & Health financing needs.

Prescription Refills

Prescription refill requests can take 24-48 hours for processing. It is helpful to anticipate your refill needs to avoid an interruption in your medication therapy.

Consent For Photography

It is customary to have photos taken to help in the guidance and care of your medical needs. These photos are for in office use only. If photos are needed for any other purpose, additional permission will be obtained. Therefore, I consent for before/after photos to be taken.

Permission to Treat A Minor (patient less than 18 years of age):

A parent or guardian must be present with a patient under the age of 18 for the first visit and any subsequent visit in which a procedure is performed. The parent/guardian grants permission to Unique Dermatology & Wellness Center to see the minor without their presence for standard medical office visits. This authorization is valid until revoked in writing. I have legal right to select and authorize health care services for this minor child.



OFFICE POLICIES ACKNOWLEDGEMENT FORM

I acknowledge that I have received and have read and understand the stated Office Policies of Unique Dermatology & Wellness Center.

Patient (Print Name): _____ **Date:** _____

Patient/Parent/Guardian (Signature): _____

Relationship to Patient: _____