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**Notice of Privacy Practice**

This notice describes how health information about you may be used and disclosed and how you can get access to this information.

**OUR LEGAL DUTY**

We are required by applicable federal and state law to main the privacy of your health information. We are also required to give this Notice about our privacy practices, our legal duties, and your rights concerning your health information. We must follow the privacy practices that are described in this Notice while it is in effect.

*We use and disclose health information about you for treatment, payment, and healthcare operations. For example:*

- TREATMENT:** We may use or disclose your health information to a physician or other healthcare provider who is providing treatment for you.
- PAYMENT:** We may use and disclose your health information to obtain payment for services provided to you. We may use or disclose your medical information to any person or entity that may be reasonable for payment of charges associated with your medical care, including but not limited to insurance companies, governmental payers such as Medicare, and workers' compensation carriers.
- HEALTHCARE OPERATION:** We may use and disclose your health information in connection with our healthcare operation. Healthcare operations include quality assessment and improvement activities, reviewing the competence or qualifications of healthcare professionals, evaluating practitioner or provider performance, conducting training programs, accreditation, and certification, licensing, or credentialing activities.
- YOUR AUTHORIZATION:** In addition to our use of your healthcare information for treatment, payment, or healthcare operation, you may give us written authorization to use your health information or to disclose to anyone you authorize for any purpose. If you give us authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect. Unless you give us written authorization, we cannot use or discuss your health care information for any reason except those described in this notice. .
- REQUIRED BY LAW:** We may use or disclose your health information when we are required to do so by law.
- ABUSE OR NEGLECT:** We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, or domestic violence or the possible victim of other crimes. We may disclose your information to the extent necessary to avert a serious threat to your health or safety or the health or safety of others.
- APPOINTMENT REMINDERS:** We may use or disclose your health information to provide you with appointment reminders (such as voicemail, postcards, or letters).

**Financial Policies**

This office will bill your insurance carrier, including Medicare, as a courtesy; you (the patient or guarantor) are ultimately responsible for any and all charges accrued in our office that are not covered or rejected by your insurance plan. Additionally, you will be responsible, at the time of service, for the payment of:

- Annual deductibles and/or co-payments
- Charges for non-covered and/or cosmetic services

We will verify your insurance eligibility and benefits prior to your visit; however, verification of benefits is not a guarantee of payment by your insurance. You will be billed any remaining balances if:

- Your insurance company pays less than the payment obtained on the date of service
- We obtain a denial from your insurance company
- A valid referral from your Primary Care Provider(PCP) was not obtained and is not on file at the time of service
- We have not received payment from the insurance company within 60 days of filing your claim

**IF YOU HAVE NO HEALTH INSURANCE, YOU ARE ‘SELF-PAY’ AND PAYMENT IS EXPECTED IN FULL AT TIME OF SERVICE**

- No Show Fee:** If you do not show up for a scheduled appointment; your account will be charged the **\$50.00** “No Show fee.”
- Same Day Cancellation Fee:** If you cancel your appointment within 48 hours, your account will be charged **\$50.00** “Same Day Cancellation fee”.
- Returned Checks:** there will be a **\$50.00** service fee charged for all returned or canceled checks
- Saturday Appointments:** All patients seen on Saturdays are required to have a credit card on file. You will be charged **\$50.00** if you “No Show” or cancel within 48 hours.
- Surgical Appointments:** There is a **\$100.00** deposit for all excisions and Mohs. This will be applied towards your surgery. If you “No Show” or cancel within 48 hours, you forfeit your deposit.
- Cosmetic Appointments:** There is a **\$100.00** deposit for all cosmetic appointments that will be applied towards your visit, you forfeit your deposit if you “No Show” or cancel within 48 hours.

**I have read, understood, and agree to ALL fees and charges stated above.**

\_\_\_\_\_  
 Patient/Guarantor Signature

\_\_\_\_\_  
 Date (MM/DD/YYYY)