Patient Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 24 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 24 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)