

## Sonterra Dermatology, PLLC

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### Financial Policy

In order to ensure benefit coverage for any services rendered, we ask patients to provide a current driver's license and insurance card at each office visit. If insurance verification and coverage cannot be determined prior to the visit, payment will be requested at the time of service. Please be advised that the eligibility and benefit information supplied by your insurance company is only an estimate and is not a guarantee of payment by the insurer. Actual benefits are subject to all plan terms, definitions, limitations and exclusions in effect on the date of service. Sonterra Dermatology will submit your claim to your insurance company for services performed by our medical providers or at our medical facilities; however, if we are unable to collect from the insurance company, it is the patient's responsibility to pay for any and all services provided.

If the patient's insurance plan requires a referral from the patient's primary care physician (PCP), it is the patient's responsibility to secure the referral.

Please notify our office if your insurance has changed at least 24 hours prior to your appointment. If we are not a provider with your new insurance, you will be treated as a cash patient.

Please be aware that not all medical facilities participate in each patient's insurance policy; therefore, the patient should verify a facility's participation with their insurer prior to scheduling diagnostic, ancillary or specialty care conducted outside Sonterra Dermatology. Sonterra Dermatology is not responsible for verifying benefits for hospitals or any other outside ancillary services or facilities. Any billing questions for services performed outside Sonterra Dermatology should be directed to that facility.

Co-payments, deductibles and coinsurance are due at the time of service.

**Cancellations and Missed Appointments:** We request that you give our office a minimum of 24 hour notice if you need to cancel or reschedule an appointment. Failure to do so will result in a missed appointment fee, which is NOT covered by insurance. The missed appointment fees are as follows:

- **Medical** – \$50.00
- **Surgery / Cosmetic** – A minimum of \$100.00 for each appointment on the missed day. Higher fees may apply to certain procedures, including CoolSculpting, laser treatments, Ulthera, BBL, miraDry, Cellfina, Botox, and fillers. In the case of prepaid packages, one session will be deducted from the package.

**Medical Records Release Fee:** In accordance with the Texas Medical Board §165.2, we will charge a \$25.00 fee for the first 20 pages of medical records requested for release, and 50 cents for each additional page. The fee for electronic records is \$25.00 for 500 pages.

**Returned Check Fee:** There will be a \$35.00 fee for all returned checks.

**Collections:** Failure to pay your balance within 90 days will result in your account being turned over to a collection agency. You will be responsible for any fees charged to us by the agency, in addition to your outstanding balance.

**I have read and understand the financial policy of the practice, and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time to time by the practice.**

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Patient's Printed Name & Signature

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Date