

# General and Financial Policy

This General and Financial Policy for Southside Dermatology and Laser Cosmetic Center must be signed by all patients. The physicians and staff at our office are dedicated to providing you with the best possible care and service and regard your understanding of our financial policy as an essential element of your care and treatment. Unless other arrangements have been made by either yourself or your health insurance carrier, full payment is due. This includes deductibles, co-pays, and/or co-insurances. Established patients with a delinquent balance will be asked for payment at the time of service. I also understand that balances outstanding for more than 90 days may be subject to a processing fee. Skin care products are non-refundable. For your convenience, we accept Visa, MasterCard, American Express, Discover, cash and personal checks.

## Your Insurance:

We have made prior arrangements with some insurers and other health plans. We will bill those plans with whom we have an agreement and will collect any required co-payment, co-insurance, or deductible at the time of service. In the event your health plan determines that a service is not covered, you will be responsible for the complete charge. In that event, you will receive a statement at the time of service and payment will be due at the time of service. If you have insurance coverage with a plan with which we do not have a prior agreement, we will prepare a statement for you to attach to your insurance claim for processing of payment. In this case, the insurance carrier will send the payment directly to you. Therefore, charges for your care and treatment are due at the time the service is rendered.

Cosmetic services are not billable to insurance. Primary responsibility for the account is yours.

**Medicare:** Our providers are participating providers. Although we bill Medicare as your primary insurer, you may be responsible for billing your supplemental insurance. I understand that I will be responsible for any portion determined by Medicare as "patient responsibility and charges not covered by Medicare will be my responsibility.

**Check Returns:** It is our office policy to charge all patients a \$30 fee for checks that are returned.

**Referrals:** If your insurance requires a referral from your primary care provider to see a specialist it is your responsibility to obtain a referral/authorization prior to your appointment.

**Minor Patients:** Patients under 18 years of age will be the responsibility of the custodial parent(s).

## Cancelled or Missed Appointments

A \$40.00 fee will be charged for any general dermatology appointment cancelled without 24 hours notice.

If you do not cancel or reschedule a scheduled cosmetic procedure within 48 hours of your scheduled appointment time, 50% of your deposit will be collected as a missed appointment fee.

**Authorization to keep your credit card on file:** I authorize Southside Dermatology to keep my credit card on file. My credit card will only be charged for a procedure, products, deposits, missed appointment or cancellation fee.

**Authorization to Release Information:** I have read and I accept this policy for my testing and/or treatment with Southside Dermatology and Laser Cosmetic Center. The Notice of Privacy Practices for Southside Dermatology is displayed in the clinic waiting room and I acknowledge that I have seen a copy of the Notice of Privacy Practices.

**I, or my appointed agent, have read and fully understand, and agree to the above statements.**

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<b>Patient Name</b>	<b>Patient Signature</b>	<b>Date</b>
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If the patient is under the age of 18 years, or is otherwise unable to sign, complete the following:

Patient is \_\_\_\_\_ years(s) of age or is unable to sign because \_\_\_\_\_.

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<b>Name of Guarantor</b>	<b>Signature of Guarantor</b>	<b>Date</b>
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Sign below if disclosure of information is not authorized:

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<b>Signature of Guarantor</b>	<b>Date</b>	<b>Patient Signature</b>	<b>Date</b>
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