



## FINANCIAL POLICY FORM

Thank you for choosing Elite Dermatology as your health care provider. Providing quality medical care for our patients is our primary concern. The following is a summary of our financial policy. We would be happy to provide further clarification if necessary. We ask that you read and sign the following to acknowledge that you have been advised of your financial responsibility for medical services provided here.

We will bill your insurance company as a courtesy to you if we are a designated provider on your insurance plan. We accept Medicare and will file all claims for patients with Medicare as well as any secondary insurance card. If your insurance is a plan for which we are not a designated provider, we are more than willing to provide care and you will be responsible for payment at the time of service. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of name, address, or insurance information. Failure to provide complete insurance and personal information may result in patient responsibility for the entire bill.

If you wish to be seen at Elite Dermatology, you are responsible for payment of all co-pays and or deductible charges at the time of service. A staff member will discuss with you our best estimate of the likely costs involved in your procedure(s) and review your financial responsibility. Since insurance is a contract between you and your insurance company, it is the insurance company that makes the final determination of your eligibility and benefits. Once your insurance claim has been processed an official decision will be sent to you in the form of an EOB (explanation of benefits). I understand that if my insurance does not pay, I am responsible for payment. Please remember that insurance policies may not cover all conditions and fees; even some care that you and your healthcare provider have good reason to think you need. To be fully aware of your schedule of benefits, please read your insurance policy or talk with an insurance representative.

Some procedures performed at Elite Dermatology are considered cosmetic and will not be covered by insurance. You will be financially responsible for these services. Any laboratory analysis that we require, but do not perform in-house will be sent to an external laboratory as required by your insurance. You may receive a separate bill for laboratory services.

We accept payment in the form of cash and credit or debit card. We do not accept checks.

Telemedicine appointments may not be covered by your insurance, if this is the case you will be responsible for the self-pay cost.

Statements and billing correspondence are sent only when you have a balance on your account. They will show whether your insurance company has fulfilled their obligation to you, the policy owner, to pay claims in a timely manner. Statements will show insurance payments and your remaining balance. In some instances, after insurance and self-pay balances have been paid, you may have a credit on your account. If you have an upcoming appointment, this credit will be left on your account to be applied to your future visits. If you do not have an upcoming appointment, a refund will be processed (via credit card or check) for all credits over \$20. Credits that are below \$20 will remain on your account for future use, unless you (the patient) specifically request the funds be returned. If the balance is not used or there has been no communication from you regarding this balance in 3 years, we are required by state law to report the balance to the State as unclaimed property.



If you are not going to be able to attend a scheduled appointment, 24 hours advance notice is requested. If you do not do so, we reserve the right to charge the following "late cancellation or no-show fee:" \$50.00 for an office visit | \$100.00 for a procedure visit (surgery) | \$100.00 for cosmetic or MOHS Surgery appointments

You have a right to a copy of your medical records. A charge may be incurred upon request.

To contact the billing department: # 1-888-222-2125, then dial extension 888.

I have read this financial policy and understand that I have financial responsibility for payment of medical services provided by Elite Dermatology, and hereby assume and guarantee payment of all expenses incurred during my office visit. Should legal action be required to secure payment of this account, I agree to pay the legal expenses incurred by this office.

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Patient Printed Name

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Patient Signature

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Today's Date