



Patient Name \_\_\_\_\_

*advanced*

DERMATOLOGY

**Patient Financial Policy**

Advanced Dermatology has contracts with many insurance plans. Please check with our reception staff to determine whether we participate with your specific insurance carrier.

If we contract with your plan, we will file a claim (for non-cosmetic dermatology services) to your insurance company. You will be responsible for any co-pays, deductibles, purchased products, and/or non-covered service.

If you do not have one of the plans with which the practice is contracted, the total cost of your visit is required at the time of service.

Should any blood work be done, a separate invoice will be sent to you from our contracted lab, which will be your responsibility to pay directly to them. This is in addition to our charges.

Many plans, including HMO and POS plans, require referral authorization from your Primary Care Provider (PCP) in order for your visit with us to be covered and this is your responsibility to obtain.

All Laser and Cosmetic appointments rendered in our office require full payment at the time of service. We do not bill for these services, even if your plan is one with which we contract, as they are deemed "elective" and not medically necessary.

**CANCELLATION AND FINANCIAL POLICY:**

**All medical, cosmetic and laser appointments must be held with a valid credit card in order to make an appointment.**

**- MEDICAL PATIENTS – please be advised that we require at least a 24 hr notice to cancel an appointment. A \$50 fee may be assessed to your account with a cancellation of less than 24 hrs notice. Any service that is not covered by your insurance company, for whatever reasons, is your financial responsibility. Any outstanding balances over 90 days will be charged to your credit card. Patient will be responsible for any collection fees owed from delinquent accounts.**

**- COSMETIC PATIENTS – please be advised we require at least a 72 hr notice to cancel a cosmetic appointment. Should you cancel less than 3 business days a non-refundable fee of \$100 will be assessed to your account. All cosmetic and laser services must be paid at the time of service or will be charged to the credit card on file.**

\_\_\_\_\_  
**Credit Card Number**

\_\_\_\_\_  
**Exp Date**

\_\_\_\_\_  
**3 Digit Code**

For your convenience, we accept cash, checks, Visa®, MasterCard®, American Express® and Discover® as payment options. If you have any questions about coverage and/or payment, feel free to ask in advance of services being rendered.

- I certify that I have read and accept the financial policy of Advanced Dermatology.
- I authorize payment of medical benefits to the named provider for professional services rendered.
- I authorize the release of any medical information necessary to process this claim.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature