SkinMed Institute
MEDICAL
SURGICAL
COSMETIC DERMATOLOGY

Office Policies

FINANCIAL POLICY

PAYMENT AT TIME OF SERVICE: Payment for our services is due at the time of your visit. This includes co-pay, co-insurance, non-covered services, and payment to meet your insurance deductible.

INSURANCE: You will be asked to present your insurance card and ID to our team member for copying upon check-in at the office each time they are seen for medical services. This information will only be shared with our billing department to assist with filing your insurance claim. Please be sure to bring your insurance card with you each time that you visit our office.

Please remember that your health insurance is a contract between you and your insurance company. Recent shifts in the healthcare industry have resulted in insurance companies increasingly transferring costs to patients, you, the insured. It is your responsibility to know your health plan benefits, including co-payment amounts, deductibles, co-insurance, and lab contracts. It is your responsibility to inform this office if your insurance requires referral authorization, pre-certification or preauthorization of services prior to scheduling of such services. You are responsible for any charges not covered by your insurance plan.

In-Network: For those patients covered by insurance plans with which we are participating providers, we will determine your copay due at the time of the visit. Co-payments and co-insurance amounts, deductibles, and all non-covered items and charges are the insured/patient's financial responsibility and are due at the time of service. We will file the insurance claim to the insurance company.

Out of Network: In the event that your insurance coverage changes to a plan with which we are not participating providers, we will require payment in full at the time of service and we will file your claim to the insurance company as a courtesy. Any charges that are not paid by your insurance company are your responsibility.

Self-pay: Self-pay or uninsured patients are responsible for payment at the time of service. The fee schedule is based upon the established Medicare fee schedule.

Non-Covered Services: Cosmetic services cannot be submitted to insurance and payment in full is due at the time of service. Credit card, check or cash will be accepted.

Medicare Patients: We will bill Medicare for you. We must have your signature on file and we will also bill secondary insurance carriers for you. All co-payments are due at the time of service. You will be responsible for any balance not paid by Medicare and secondary insurance.

Referrals: Your insurance plan may require a referral to be completed before seeing a specialist. It is your responsibility to obtain the proper referral in order to be seen for your appointment. If you don't have a referral at your appointment time, your appointment may be rescheduled and you could be charged a missed appointment fee of $50.

By signing this document, I am agreeing to the terms of this Financial Policy.

NO-SHOW POLICY

Each time a patient misses an appointment without providing proper notice, another patient is prevented from receiving care. We understand that unexpected events and illnesses occur. When this happens, call our office as soon possible to inform us of such issues. Patients who do not show up for their appointment without a call to cancel at least 24 hours before the appointment time will be considered as NO-SHOW. SkinMed Institute LLC has the right to charge a fee of $50.00 for all missed appointments ("no shows"). "No Show" fees will be billed to the patient. This fee is not covered by insurance and must be paid in full prior to your next appointment. Surgery & Cosmetic appointments require at least 48 hours notice to cancel an appointment. If you fail to keep your surgery or cosmetic appointment, you will be charged a $100 fee.

Thank you for your understanding and cooperation as we strive to best serve the needs of all our patients.

By signing below, you acknowledge that you have received this notice and understand this policy.

INSURANCE SIGNATURE ON FILE

I certify that the information given by me in applying for Insurance and/or Medicare payment is true and correct. I authorize my doctor to act as my agent in helping me obtain payment of my Insurance and/or Medicare benefits, and I authorize payment of these benefits to SkinMed Institute LLC, on my behalf for any services and materials furnished. I authorize any holder of medical information about me to release to the Health Care Financing Administration and its agents any information needed to determine these benefits payable to related services. If I have other health insurance coverage (as indicated in Item 9 of the HCFA-1500 claim form or electronically submitted claim), my signature authorizes release of the above medical information to the insurer of agency shown, and authorizes my doctor to act as my agent, as above.

Date: ____________________

Print Name: ___________________________________

Signature: _____________________________________