

Office Financial Policy

Thank you for choosing ClearSkin Dermatology for your skin care needs. We are committed to providing outstanding medical treatment and care. We understand that many patients find insurance coverage and financial responsibility issues complex and confusing. Due to this, we have outlined our practice's policy in detail to help you.

INSURANCE

Please have your insurance card available when checking in for your appointment. Also, many HMO insurance plans require you to obtain a referral from your Primary Care Physician (PCP) before receiving services. Please have your referral with you when checking in for your appointment. As a courtesy, we will verify coverage on your behalf. Your physician may perform procedures or services deemed necessary to your health. Not all services or procedures are covered by all insurance contracts. Please be advised you are held **responsible for all payments on the day of service, including any copays and/or services** that go toward your deductible. Please contact the Customer Service or Member Services for your insurance company to verify your benefits if you have any concerns.

PATIENTS WITHOUT INSURANCE (SELF PAY)

Payment will be due on the day services are rendered. A list of our fee schedule for consultations and procedures is available to patients upon request.

RETURNED CHECKS

A \$25.00 charge will be added to your account for any returned check.

APPOINTMENT CANCELLATIONS & NO SHOWS

If you are unable to keep your scheduled appointment, please call our office at least **24 hours** before your appointment time to cancel or reschedule. If notified within 24 hours of your scheduled appointment, you will be charged a \$50.00 fee. As for cosmetic and surgical procedures we require **48 hours** for notice of cancellation, otherwise a \$75.00 fee will be assessed.

MEDICAL RECORDS

If you need a copy of your medical records, we will need a signed letter of release. Please give us 5 business days to copy your records.

Signature: _____ Date: _____

Credit Card on File Policy

ClearSkin Dermatology is committed to efficiency and reducing waste. Our goal is to make the billing process as simple as possible. We do require all patients to provide a credit card on file with our office. The payment information is securely stored through a merchant service company called Square for future transactions. For your protection, only the last 4 digits of your card will be seen in our system.

Credit cards on file will be used to pay account balances after your insurance company has processed the claim.

Once your insurance company has processed your medical claim, they will send an Explanation of Benefit (EOB) to both you and our office showing what your total patient responsibility is. Typically, the patient receives the EOB before our office does, so if you disagree with the amount owed for patient responsibility, it is your responsibility to contact your insurance carrier immediately. If there is a remaining balance after the claim is processed, our office will reach out to you to go over the balance. The amount will be collected using your card on file or an alternative form of payment. If you have questions about your bill, please call our office number at (407) 866-1213.

Additional Points:

- If there is any credit to your account after your insurance claim has been processed, it will be refunded back to the credit card on file.
- As a courtesy, we often give estimated costs to patients for any service rendered. However, since you are responsible for any portion not covered by your insurance carrier, it is important for you to know what services are covered through your health insurance along with how much of the cost is your responsibility.
- If your credit card on file expires, we do expect patients to provide a new means of payment.

Credit Card on File Authorization

I agree to place my credit card on file to be charged by ClearSkin Dermatology for any outstanding bills for medical services rendered. I authorize their staff and/or billing service to utilize my credit card for the purposes stated above.

Signature: _____ Date: _____