



PATIENT FINANCIAL POLICY

Thank you for choosing Elk Grove Dermatology, S.C. as your health care provider. We are committed to your treatment being successful. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please ask if you have any questions about our fees, our policies or your responsibilities.

INSURANCE

It is the patient's responsibility to provide the clinic with current insurance information. We will ask for your insurance card at your first visit to obtain a copy for our records. We may occasionally request a copy at a later date to update your records so please have your insurance card every time you come to the office. Elk Grove Dermatology, S.C. participates with only Medicare and Blue Cross Blue Shield PPO plans. **If you are not insured by a plan we participate with, payment in full is expected at each time of service.**

CO-PAYMENTS, DEDUCTIBLES & CO-INSURANCE

Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. Payment of your co-payments, deductibles & co-insurance is part of your contract agreement with your insurance plan. Our failure to collect payment may be a violation of billing compliance and may be considered as an act of fraud by your insurance plan. **If we are providing surgical services, we require a 20% payment of the patients estimated out of pocket expense at the time of service.**

NON-COVERED SERVICES

Please be aware that some or perhaps all of the services you receive may not be covered by your insurance plan. Charges for non-medically necessary treatments, cosmetic procedures, and products will be due at the time of service. We will not submit charges for non-medically necessary procedures to your insurance company (unless you are a Medicare patient) and you may be required to sign a waiver.

SELF-PAY PATIENTS

Self-pay patients are patients without insurance coverage, patients covered by insurance plans in which the office does not participate, or patients without an insurance card on file with us. Unless arrangements are made in advance, we will collect full payment at the time of your visit.

PAYMENT METHODS

We accept cash, personal checks, MasterCard, Visa, Discover, American Express and CareCredit.

RETURNED CHECKS

A returned check fee of \$20 will be added to your account for every check returned for insufficient funds, stopped payment or closed accounts. This amount will be applied to your account in addition to the insufficient funds amount. You may be placed on a cash only basis following any returned check.

NO SHOW POLICY

Elk Grove Dermatology, S.C. reserves the right to charge a fee for no-shows or cancellations made with less than 24 hours notice.

MEDICAL RECORD COPIES

If you are requesting a copy of your medical records and your chart is **on** site there will be a charge per copied page. If your medical record is stored **off** site there will be a \$15.00 charge in addition to the per copied page charge. **(.92 first 25 pages, .61 for pages 26-50 and .31 for pages 51 and over)**

PATIENT FINANCIAL AGREEMENT

I hereby authorize Elk Grove Dermatology, S.C. to apply for benefits on my behalf for all services rendered. I certify that the information I have reported with regard to my insurance coverage is correct. I further authorize the release of any information necessary to my insurance company to determine benefits for services rendered. I request that payment of authorized benefits be made payable directly to Elk Grove Dermatology, S.C.

I understand and agree that regardless of my insurance status, I am ultimately responsible for the charges incurred by me or by my child/children as their parent or legal guardian. I have read the above Patient Financial Policy and have provided Elk Grove Dermatology with true and correct insurance information. I will notify you of any changes in my health insurance coverage.

A copy of this agreement may be used in place of the original.

Signature of Patients, Policy Holder or Legal Gaurdian

Date

Printed Name: _____