

PATIENT FINANCIAL POLICY

Thank you for choosing Advanced Skin & Laser Center for all of your skin care needs. We are dedicated to providing the best possible care and services for you and regard your understanding of your financial responsibilities as an essential element of your care. Please read the following carefully and sign at the bottom to confirm your understanding.

1) **Insurance:** We currently accept ONLY traditional Medicare and select commercial insurance plans. (Ask our office staff for an up-to-date list of in-network insurance plans.) You will be responsible at the time of service for the payment of: **Co-Payments, Deductibles, Past Due Balances**

1) **Pathology:** is ordered by Dr. Binhlam and/or our providers to properly diagnose certain skin disorders. To increase the quality of care for our patients, we utilize outside labs. The analysis of these specimens is then performed by a board-certified Dermatopathologist who specializes in the microscopic diagnosis of skin disorders. Charges for these services are billed by the lab or submitted to your insurance.

2) **Cancellation/ No-Show Policy**

a. Office visit: I understand that it is my responsibility to cancel my appointment 24 hours in advance of my appointment date and time. I understand that if I no-show my office appointment, I will be charged the fee below.

- *Fee is \$100.00 that you are responsible for and is not covered by your insurance plan*
- *Arrival 20 minutes past scheduled appointment time is also considered a no-show.*

b. Surgical appointments: I understand it is my responsibility to cancel or change my appointment 5 business days prior to my appointment time and date. I understand that if I no-show my surgical appointment, I will be charged the fee below.

- *Fee is \$250.00 that you are responsible for and is not covered by your insurance plan.*

c. Cosmetic procedures

- All procedures, which are time intensive and cost \$500 or more, will require a 50% deposit to schedule an appointment. Patients who NO SHOW or cancel without giving a 5-business day notice will lose their deposit.

3) **Requests for Medical Records and Completion of Forms (such as Cancer Policy, Disability, etc):** Medical records will be charged a fee of \$20. Completion of forms are subject to a fee of \$25. Upon receipt of payment, documentation will be returned or can be picked up within 3-5 business days, unless otherwise notified.

4) **Methods of payment accepted** are

- a. Cash, Visa, Mastercard, American Express, Discover
- b. Personal checks with proper identification (valid Driver's License or photo ID). A \$30.00 overdraft charge will be added to the insufficient funds amount of any returned checks

5) **Delinquent Accounts:** If your bill is unpaid or your insurance does not pay appropriately within a month of the service, you will be responsible for payment in full. A collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, you will be responsible for all costs of the collection services as well.

I have read the financial policies of ASLC and understand my financial responsibilities as a patient. I understand that failure to make payment when due is the basis for legal action and agree to pay any and all costs of collection, including court cost and attorney fees. The signature below confirms agreement to the above as a patient or the responsible party for the patient.

Signature of Patient or Parent/ Guardian: _____ **Date:** _____