## South Charlotte Dermatology Financial Policy

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions, please discuss them with our billing staff or office manager. We are dedicated to providing the best possible care and service to you and regard your complete understanding of our financial policies as an essential element of your care and treatment.

## **Insured Patients**

- Copays, Co-Insurance and Deductibles are due at the time of service. For your convenience, we accept cash, Check, and most major credit cards.
- In the event that your insurance carrier determines a service to be "non-covered", you will be responsible for the complete charge(s).

## **Non-Insured Patients**

Non-Insured patients will be required to pay for an office visit prior to being seen. There
may be additional charge(s) depending upon the procedure(s) performed. Payment for
additional services is due prior to leaving the office. Please see the Office Manager if you
have any questions.

## **All Patients**

- Returned Checks: A \$25.00 fee will apply to all checks returned to our office as "unpaid".
   Payment for future services may be required by cash or credit card.
- <u>Medical Records</u>: A fee may be charged for providing copies of medical records. Please inquire with the Office Manager.

| $\Box$ I have read and fully understand the policies of this office regarding payments and insurance. I agree to pay for services and tests not covered by my insurance plan. I understand that I am responsible for following my insurance plan's regulations, policies and procedures. |      |
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|                                                                                                                                                                                                                                                                                          |      |
| Signature of Patient/Guarantor                                                                                                                                                                                                                                                           | Date |