

GEORGE DERMATOLOGY FINANCIAL POLICY

Thank you for choosing George Dermatology. We are dedicated to providing the best possible care and services for you. Knowing your financial responsibility is an essential element of your care. Please read the following carefully and sign at the bottom to confirm your understanding.

1. **Insurance:** It is the responsibility of the patient to provide accurate insurance and personal information. Accepting your insurance does not place all financial responsibilities onto this practice, and you will be held accountable for any unpaid balances by your plan. Although we are contracted with most insurance carriers, our services may not be covered by your particular insurance plan. Being referred to our office by another physician does not guarantee that your insurance will cover our services.

2. **Co-Pays and Outstanding Balances:** It is the policy of George Dermatology that payment is due at the time of service. Co-Pays must be paid in full. All balances on your account must be paid prior to, or at the time of your visit. This includes, but is not limited to co-insurance and deductibles. If you cannot pay your balance at the time of visit, you will need to reschedule your appointment. Our office does not offer payment plans.

3. **Self-Pay and Cosmetic Appointments:** Payment is expected in full at the time of service.

4. **Cancellations and Missed Appointments:**

Office Visits: I understand that it is my responsibility to cancel my appointment at least 1 business day before the scheduled date and time; otherwise a \$50.00 fee will be billed to my account, which will not be covered by my insurance plan. All outstanding balances must be paid in full before your next visit.

Surgical, Procedural Appointments, Cosmetic Consultations: I understand that it is my responsibility to cancel my appointment at least 1 business day before the scheduled date and time; otherwise a \$150.00 fee will be billed to my account, which will not be covered by my insurance plan. All outstanding balances must be paid in full before your next visit.

5. **Referrals:** If your insurance requires a referral, it is your responsibility to provide the referral **prior to your visit**. Failure to obtain a referral renders the patient responsible for all charges pertaining to the medical visit.

6. **Pathology:** On occasion, pathology is ordered by physicians to properly diagnose certain skin disorders. To provide quality care for our patients, we utilize an independent licensed lab with analysis performed by a Board-Certified Dermatopathologist who specializes in the microscopic diagnosis of skin disorders. **Charges for these services are in addition to your office visit and procedure charge.**

7. **Requests for Medical Records / Forms (FMLA):** There is a \$25.00 fee for medical records, plus the cost of mailing and/or electronic devices. FMLA, medical, and other such policy forms that need to be filled out by our office will require a \$10.00 fee. These fees must be paid before the records/forms will be sent.

8. **Accepted Payment Methods:** George Dermatology accepts cash, Visa, Mastercard, Discover, and personal checks with proper identification (valid Driver's License or photo ID), checks can be made payable to "George Dermatology". There will be a \$30.00 charge for any returned checks.

9. **Past Due Balances:** Patients that have an unpaid balance beyond 4 months of 1st notification of payment due will have their account placed with an external collection agency. A 25% service charge will be added to the unpaid patient balance to cover collection costs. Patients who fail to pay the collection agency in a timely manner may incur additional fees including reasonable attorney fees if incurred by the collection agency. Patients who fail to pay their debt may be dismissed from the practice.

I have read the above financial policies and understand my financial responsibilities as a patient at George Dermatology. I understand that failure to make a payment when due is the basis for legal action and agree to pay all costs of collection, including court costs and attorney fees. If I do not sign this consent, George Dermatology may decline to provide treatment to me.

Please PRINT patient's name

PATIENT/GUARDIAN SIGNATURE

Date

GEORGE DERMATOLOGY

CREDIT CARD ON FILE POLICY

- If you have Medicare and Supplemental Insurance you do not need to leave a credit card on file.
Instead, please check this box and print & sign your name at the bottom of the page.

Recent changes in healthcare markets and payment processes have altered insurance coverages to shift more of the cost of care to our patients. Many policies have large deductibles and/or copayments that won't be known until after your services are submitted to your insurance carrier. Even if a procedure is covered by insurance, you may still receive a bill. These external factors make it necessary for George Dermatology to maintain a credit card on file for all patients. The card information is stored in a confidential, secure, Payment Card Industry (PCI) compliant payment gateway.

By signing this document, I authorize George Dermatology to automatically charge my card for any outstanding balance with George Dermatology after my insurance company determines my responsibility. Prior to charging my credit card, George Dermatology will send me an invoice via email with details about my balance. I will have two (2) weeks to pay the invoice online or ask any questions. I understand that the credit card on file with George Dermatology can be changed at any time upon my request. Declined credit cards may be subject to an office fee.

Note that we do not accept American Express or Care Credit at this practice.

Credit Card on File

Name as it appears on credit card: _____ Card expiration date: _____

Cardholder's Signature: _____ Last 4 digits of card: _____

Relationship to patient: _____

Send Statements To: _____
Email Address

Please PRINT patient's name

PATIENT/GUARDIAN SIGNATURE

Date