COLUMBIA SKIN CLINIC, LLC

Patient Name: _____DOB: _____

Patient Financial Policy

Thank you for choosing Columbia Skin Clinic, LLC for your dermatologic care. We are committed to providing you with the highest quality medical care possible in a cost effective manner. Our professional fees have been determined through careful consideration in addition to being reasonable and customary within our geographical area.

We accept cash, check, MasterCard, Visa, and Discover. There will be a $30 charge for returned checks. If payment is not received from your insurance carrier within our contract limits, any balance will be your responsibility. Our billing/insurance department is available to discuss any questions you may have regarding your insurance or your account at Columbia Skin Clinic, LLC.

Items to bring with you to each appointment:

- Health Insurance Card(s)
- Obtain Referral(s) (if applicable)
- Driver's License
- Method of Payment

Appointments: We do our best to run on schedule, as we realize that your time is also valuable. There are many ways you can assist us in staying on time. Please arrive for your appointment 15 minutes early to allow for registration. If more than 15 minutes for your appointment, you may be marked as a No Show and may be asked to reschedule your appointment. Please inform the receptionist of any demographic changes (phone numbers, address, insurance information, etc.) Failure to notify us immediately of changes in demographic information, financial status and/or insurance coverage may result in you being responsible for any services not covered by your insurance carrier. Patients scheduled for appointments are asked to give 24 hour notice of cancellation.

Medicare: We accept Medicare assignment. As a Medicare patient you are responsible for your deductible and for the difference between the approved charge and the amount Medicare pays. If you have supplemental insurance we will bill it for you. Any remaining balance will be your responsibility and billed to you.

HMO/PPO/Commercial: All co-pays are due at the time of service, we are members of most, but not all plans. You are responsible for verifying what your insurance plan will cover and that we are providers for your plan. You are responsible for referrals, payment of all deductibles and co-payment/co-insurance, procedures without authorization, non-covered charges as determined by your contract with your insurance carrier. All payments are due at time of service. If there is no referral, you will be asked to sign a waiver and responsible for the charges in full at time of service.

Self-Pay: If you do not have health insurance or we do not participate with your insurance company, you will be responsible for all medical services rendered at Columbia Skin Clinic, LLC. Payment in full is due at the time of service. If you are unable to make full payments, suitable payment arrangements will be discussed between you and our financial counselors.

Minor Patients: The parent(s) or guardian(s) accompanying a minor are responsible for providing current insurance information for the minor as well as the payment in full for services provided. Parent(s) or guardian(s) must have an Authorization for Medical Treatment form signed each time a minor arrives unaccompanied for an appointment. Both parents/legal guardian(s) are responsible for payment for services rendered to the minor patient.

Credit Card Authorization: Please sign our Credit Card Authorization form in order to keep a credit card number on file (the same process you would go through for hotels, rental cars, etc.) to be used for any unpaid balances.

Delinquent Accounts: If your account becomes delinquent, Columbia Skin Clinic, LLC, will take the necessary steps to collect the debt, including but not limited to collection agency, lawyers, and reporting to a Credit Bureau where you agree to pay all of the collection costs incurred.

Payment Plans: Our office will be happy to work with you in order to pay any balance due to our practice. Please contact our billing department to arrange a payment plan.

Medical Records: Your medical records will be held in the strictest confidence. If you request a copy of your medical records to be sent to another provider or to yourself, a written authorization will be required. A processing fee and additional costs may apply. Only the records requested will be forwarded.

Cosmetic/Elective/Esthetician Procedures: By definition, these procedures are not covered by insurance companies; and our office does not submit claims on their behalf. Payment in full is required on the day of the scheduled procedure. Deposits are required for these procedures. Patients scheduled for these procedures are required to give at least 48 hours notice of cancellation to avoid forfeiture of deposit.

I have read, understand, and agree to abide by its guidelines the payment policy regarding my financial responsibility to Columbia Skin Clinic, LLC, for providing medical services to me or the above named patient. I certify that the information I provide to Columbia Skin Clinic, LLC, is, to the best of my knowledge, current, true, and accurate.

Patient Signature _____Date _____

Guarantor Signature _____Date _____
(If guarantor is not the patient)