



Patient Financial Policy

Welcome and thank you for choosing Coastal Dermatology for your dermatology care. It is a pleasure to serve you. We are committed to providing the best dermatologic care possible. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Carefully review the following information and return this form with your signature and today's date. Please ask if you have any questions about our fees, our policies, and/or your responsibilities.

PLEASE INITIAL THE HIGHLIGHTED AREAS

Registration/Check-in: At the time of registration, and periodically thereafter, you will be asked to complete a Registration Form to help keep personal and insurance information accurate. You will be asked to present a photo ID and current insurance card when you check in for your 1st appointment. Any balance due will be collected at the time of check-in. Patients under the age of 18 must have a parent or legal guardian in attendance at their appointment.

Insurance: Coastal Dermatology participates with most major PPO health insurance plans. Insurance plans vary in the amount of coverage and medical services provided. It is your responsibility to check with your insurance company to confirm that Coastal Dermatology is within your network and your medical services will be covered. Patients that are unable to provide proof of coverage or do not have health insurance will be required to pay for the services the day of the appointment.

You are responsible for knowing your insurance benefit coverage. We will gladly file your insurance claim on your behalf to the companies with which we participate. We allow 45 days for your insurance company to process the claim. If the insurance company does not process your claim within that time, you will be responsible to pay the entire amount. We will not become involved in disputes between you and your insurance company regarding coverage and/or policy benefit criteria such as deductibles, co-pays, co-insurance, non-covered services, and coordination of benefits. You are responsible for all co-payments at the time of service. We accept cash, personal checks, money orders, Mastercard, Visa, American Express, Discover & Care Credit.

No Show Appointments/Last Minute Cancellations: As we're sure you are aware, appointments at our office are very difficult to obtain because of the high demand for dermatological care in our community. When you do not show up for your scheduled appointment or reschedule in less than 24 hours, it makes it impossible for us to fill that appointment slot with another patient who is desperately seeking care in our office. Therefore, we ask that you call us within 48 hours but no less than 24 hours. **There is a \$25 charge** for any no-show appointment or if you cancel less than 24 hours before your appointment.

Cosmetic Services: Cosmetic services are not covered by insurance. If you find the need to reschedule, we ask that you call us within 48 hours but no less than 24 hours. If you cancel in less than 24-hours from your appointment, you may be required to pay a nonrefundable cancelation fee of \$50 to schedule any future cosmetic treatments.

Returned Checks: If a check is returned as unpaid by your bank, a \$35 returned check charge will be applied and we will no longer accept checks as a form of payment.

Collections: Please contact us if you have trouble paying your bill. Accounts with an outstanding balance over 90 days past due that have failed to make payment arrangements will be considered for our collection agency. If your account is turned over to a collection agency, all non-emergent appointments will be cancelled until the collection account has been paid.

Patient's
Name _____ **Date** _____

Patient/Parent/Guardian
Signature _____

If Representative, Print Name and Relationship to
Patient _____