

Song Dermatology Financial Policy



Thank you for choosing Song 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.** With healthcare costs shifting to patient responsibility more so than ever, understanding your deductible and details of your plan is important. To help you in this, we can provide an **estimated cost** of our most common procedures, available upon request.

Please read carefully and sign at the bottom to confirm your understanding.

- 1) Insurance: your visit is filed with the carrier for whom our practice has a valid contract with. It is the responsibility of the patient to provide *accurate insurance and personal information* including any preferred laboratory cards. If your insurance requires a referral, it is your responsibility to provide the referral *prior to your visit*. Please note that we only bill secondary insurance as a courtesy. You will be responsible **at the time of service** for the payment of copays, co-insurance, unpaid deductibles, and past due balances (if applicable).
- 2) Self-pay patients and cosmetic procedures: Payment is expected in full at the time of services.
- 3) Cancellation and Missed Appointments: We understand that unexpected events occur. When this happens, call our office as soon possible to inform us of such issues. In regards to missed appointments or cancellations within 24 hours of the appointment:
 - a) Office Visit- I understand that it is my responsibility to cancel my scheduled appointment at least 24 hours in advance. Otherwise, a \$50 fee will be billed to my account which is not covered by my insurance plan.
 - b) Surgical/cosmetic procedure appointments- I understand it is my responsibility to cancel or change my appointment at least 24 hours prior to my appointment time and date. Otherwise a \$200 fee will be charged to my account which is not covered by my insurance plan.
- 4) Requests for Medical Records/forms (FMLA, Cancer policies): available at a fee dependent upon chart volume. Medical records may be sent to another provider at no charge. FMLA, medical and other such policy forms to be filled out will be charged \$10 fee.
- 5) Accepted Methods of Payment: Cash, credit cards (Visa, Mastercard, American Express, Discover), debit card, FSA, HSA, and personal checks with proper identification (valid Driver's license or photo ID). A \$25.00 overdraft charge will be added to the insufficient funds amount of any returned checks.
- 6) I have read the above financial policies 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 all costs of collection, including court costs and attorney fees.
- 7) Recent changes in healthcare markets have altered insurance coverages to shift more of the cost of care to our patients. **Many policies have higher deductibles which means, even if a procedure is covered by insurance, you may still receive a bill.** These external factors make it necessary for Song Dermatology to maintain a credit card on file for **all patients**. The card information is safely stored with security--the same HIPAA compliant software that protects your confidential medical information. Should you have a balance after your visit, we will mail out two statements, if no payment is received after 30 days, we will bill the card on file. By signing this form you authorize Song Dermatology PLLC to bill your credit card on file. Receipt of any transaction will be forwarded to the home address in our records.

Patient name: _____

Patient (Guardian) signature: _____ Date: _____