

PREMIER DERMATOLOGY, MD FINANCIAL POLICY

Thank you for choosing Premier Dermatology, MD for your dermatology needs.

Payment is due at the time of service. We accept cash and credit cards (no checks). If you have insurance that will pay our physician directly, and which we can verify, it is still required that you pay all co-payments, deductibles, and co-insurance at the time of service. Payments for non-covered and insurance deemed non-medically necessary services are your responsibility. Payment for cosmetic services is your responsibility and will be discussed with you before the physician performs such service. If you are a member of an HMO or PPO that requires a referral form from your primary care physician, you are responsible to bring this form with you for your visit. If you are an established patient to the practice, this form will replace any previously signed financial policy.

If a skin biopsy or such procedure is performed at today's visit, or labs are ordered, there will be a separate charge from the laboratory. Your health plan may not pay for these services and you will be personally responsible for these services.

CANCELLATION POLICY: If you are unable to keep an appointment, it is your responsibility to cancel the appointment 24 hours in advance of the appointment time and date by calling the office. When you do not show up for a scheduled appointment, you are taking an appointment slot that could have been used for another patient. Please note that our text reminder does not allow for cancellations through text, you must CALL to cancel the appointment. If you do not notify the office at least 24 hours in advance to reschedule the appointment, you will be charged the following NO SHOW SCHEDULING FEE:

New patient missed office visit: \$50 fee prior to scheduling another appointment

For a missed office visit: \$50 fee

For a missed visit with our aesthetician: charged the full amount of facial booked

For a missed cosmetic (Neurotoxin, Filler, Laser, Aquagold, Peel, etc) visit: \$100 fee

For a missed surgical appointment with Dr. Bilu Martin: \$150 fee

For a missed mohs surgical appointment with Dr. Balestra: \$150 fee

Please note these fees ARE NOT COVERED BY YOUR INSURANCE.

My signature below indicates that I hereby request payment of benefits for all medical services provided by my physician be issued directly to her. I accept full financial responsibility for all expenses incurred and agree that any portion not paid by my insurance is due and payable from me upon demand. I agree to the cancellation fees as listed above. I grant authorization to release any information required to obtain payment of medical benefits to Premier Dermatology, MD, billing company, credit card processor, and collection agency (if required). I understand and agree to this financial policy, and my questions have been adequately answered.

This office is a doctor's office regulated pursuant to the rules of the board of medicine as set forth in Rule Chapter 64B8, F.A.C.

Patient Name and signature

date

Pdmd Witness

date