PREMIER DERMATOLOGY, MD

PREMIER DERMATOLOGY, MD FINANCIAL POLICY

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. **It is your responsibility to know your plan's benefits.** 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. 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: $50 fee
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.

We require a credit card to be kept on file for all patients to be used for all unpaid balances for services rendered now and in the future. Medical visits will first be billed to your insurance carrier. Once the claim has been processed, your card will be charged for any outstanding balance. Payments for self-pay and cosmetic services are due at the time of the office visit and charges will be placed on your credit card on file. Fees for cancellations will also be placed on your credit card on file.

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 authorize Premier Dermatology, MD to charge my credit card on file for any outstanding balances. 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.

_____ _____

Patient Name and signature date

_____ _____

Pdmd Witness date