

Thank you for choosing Regional Dermatology for your skin care needs. We are dedicated to providing the best possible care and service for you. We realize the challenges with health care costs today and we do our best to inform you of your personal and financial responsibility in obtaining that care. To help in that goal, we share our guidelines to obtaining the best healthcare for you and your family in order to focus on your well being.

Please read carefully and sign below to confirm your understanding. If you have any questions, please ask us!

1. **INSURANCE:** Your visit is filed with the your insurance carrier. It is the responsibility of the patient to provide accurate insurance and personal information including any preferred laboratory needs. If your insurance requires a referral, it is your responsibility to provide the referral prior to your visit. You will be responsible at the time of service for the payment of copays and any past due balances.
2. **SELF-PAY AND COSMETIC:** Payment is expected in full at the time of service.
3. **CANCELLATION AND MISSED APPOINTMENTS:** We understand that urgent issues arise and illnesses occur. When this happens, call our office as soon possible to inform us. If not, a charge will ensue.
4. **IN THE CASE OF MISSED APPOINTMENTS OR LATE CANCELLATIONS:** I understand that it is my responsibility to cancel my appointment greater than 24 hours in advance of my appointment, otherwise a \$45 fee will be billed to my account which is not covered by my insurance plan. For missed surgical or cosmetic visits, a \$200 fee will be charged to my account which is not covered by my insurance plan.
5. **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, Aflac, and other such policy forms to be filled out will be charged \$10 fee.
6. **METHODS OF PAYMENT ACCEPTED ARE:** Cash, Visa, Mastercard, Amex, Discover and personal checks with proper identification (valid Driver's license or photo ID). A \$30.00 overdraft charge will be added to any insufficient funds amount on any returned checks.
7. **CREDIT CARD ON FILE:** Regional Dermatology securely stores an updated credit card on file for all patients with commercial insurance. This information is stored securely with the same HIPAA-compliant software that protects your confidential medical information. **Should you have a balance after your visit, we will mail out a statement. If that statement is not paid, a 35\$ late fee is assessed and a second statement is issued. After these two statements are sent, any remaining balance will be charged to your card on file to avoid sending your account to collections. If you prefer to simply bill the card outright and avoid all such mailings, please notify us and we will accommodate.**
8. **AGREEMENT:** By signing this form you authorize Regional Dermatology to bill your card on file as described above. Receipt of any transaction will be forwarded to the home address in our records. By signing you agree that you have read, understand, and abide by our stated financial policies. You also understand that failure to make payment when due is the basis for further action and agree to pay all costs of collection, including court costs and attorney fees. *Valid credit card charges* disputed by cardholder will incur a \$75 fee to cover time and cost in appeal of such claims.
9. **GOLDEN RULE:** We strive to treat our patients with respect and empathy. Any breach of this agreement may result in a need to reconsider our relationship as patient and provider, including referral outside of our office for future care. First and foremost, we look forward to treating your healthcare needs and thank you. We understand the importance of your decision to trust our office for your healthcare.

Responsible Party Signature: _____ Date: _____
*Signer must be the same name as the credit card on file. Thank you.

We hope this helps inform you of our policies and practice. If you would like a copy of this form, please ask!