

Agreement of Financial Responsibility

Thank you for choosing A to Z Dermatology as your skin care provider. We are committed to providing quality care and service to all our patients. The following is a statement of our financial policy, which we require that you read and agree to prior to any treatment.

- Please understand that payment of your bill is considered part of your treatment. Fees are payable when services are rendered. We accept check, credit cards, and pre-approved insurance for which we are a contracted provider and have a referral, if applicable. We do not accept cash.
- Services are rendered to the patient, not the insurance company. As a courtesy, our office will file your insurance if proper information is received. **You are responsible for co-pays, deductibles, non-covered services, co-insurance and items considered “not medically necessary” by your insurance company.**
- For unpaid claims over 60 days, it is your responsibility to follow up with your insurance company and the balance due is considered due and payable.
- It is your responsibility to know your own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company.
- We will attempt to confirm your insurance coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.
- If we have a contract with your insurance company we will bill your insurance company first, less any copayment(s) or deductible(s), and then bill you for any amount determined to be your responsibility. This process generally takes 45-60 days from the time the claim is received by the insurance company.
- If we do not contract with your insurance company, you will be expected to pay for all services rendered at the end of your visit. We will provide you with a statement that you can submit to your insurance company for reimbursement.
- Proof of payment and photo ID are required for all patients. We will ask to make a copy of your ID and insurance card for our records. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance company.
- Please understand some insurance coverages have Out-of-Network benefits that have co-insurance charges, higher co-payments and limited annual benefits. If you receive services that are part of an Out-of-Network benefit, your portion of financial responsibility may be higher than the In Network rate.
- **“NO SHOW” POLICY – Any patient that does not show for their scheduled visit and fails to call within the 24 hours prior to appointment time to cancel will be charged \$50. Surgery “No Show”’s up to \$300.**
 - **Patients who miss more than three appointments within a six-month period may be discharged from our practice.**
- Pathology and Lab fees are billed independently, and you may receive and be responsible for a bill from the outside lab.

I have read the financial policies contained above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay all such charges in full.

PRINT _____

SIGN _____

DATE _____