

OFFICE FINANCIAL POLICY & AUTHORIZATION

Thank you for choosing Aesthetic Dermatology, P.A. We are committed to your treatment being successful. Please take a moment to understand your financial obligations.

We will collect your co-pay, deductible, co-insurance and uncovered service expenses at the time of your visit. If verification of your deductible is unable to be made from the insurance plan by phone, fax, or otherwise, then payment of the full deductible up to the amount of allowed charges will be collected from the patient at the time of service.

We request your thorough insurance information so we may appropriately file your insurance claims. Please have your insurance card, photo identification, and method of payment available at the time of service. For your convenience, we accept most major credit, debit cards, checks and cash.

Aesthetic Dermatology, P.A. will only bill contracted insurance plans for those patients who have provided the necessary insurance information. Your insurance company will provide you with an explanation of benefits that summarizes what was paid to our office. Should there be a discrepancy with insurance payments, please notify Aesthetic Dermatology, P.A. immediately.

MEDICARE PATIENTS: As a Medicare provider, we will bill Medicare in addition to any secondary insurance plan. However, if payment is not received from your secondary insurance plan within 45 days you will be notified and required to pay any outstanding balance. It will then be your responsibility to contact your secondary insurance plan to receive reimbursement for any monies paid. We are required to keep your signature on file authorizing us to bill and release information to Medicare in order to process your claim.

PATIENTS REQUIRING A REFERRAL: You are responsible for ensuring that your visit with our office is authorized by your primary care physician (PCP). If you are seen by Dr. Allyn and your insurance company denies payment for the date of service because of lack of referral or authorization, then you will be required to pay Aesthetic Dermatology, P.A. in full.

If you have been referred by your PCP for evaluation of a specific problem, they have asked us to limit our treatment to the condition for which you were referred. Should other treatments or examinations be necessary, we will inform your PCP of our recommendations. If you have any other problems unrelated to the condition for which you were referred, then you should contact your PCP.

SELF-PAY PATIENTS: Payment for medical services is expected on the day services are rendered. If you are unable to pay for services in full, you must contact our office prior to your appointment and make payment arrangements before being seen by the doctor.

If you have lab work or pathology that is sent to an outside lab, the lab will bill your insurance plan directly. If you have questions regarding your billing or claim payment, then please call the lab yourself since we do not have information regarding lab billing.

Cosmetic procedures including but not necessarily limited to chemical peels or laser treatments require 50% down payment in order to schedule the procedure. The remaining 50% will be required no later than the day of service prior to the procedure. Payment for cosmetic procedures is non-refundable should you not show up for

your scheduled appointment, unless you notify us to cancel or reschedule the procedure within 48 hours of your original appointment.

Aesthetic Dermatology, P.A. charges a fee of \$10.00 for completing paperwork for any additional insurance policy (i.e. life insurance, cancer, accident, surgery, cancer or indemnity policy up to five pages). This fee is due at the time you request our office to fill out the forms. Forms or policies consisting of more than five pages will require an additional fee of \$1.00 per page. The first copy of medical records will be provided to you at no charge. Additional copies of medical records will be at the cost of \$1.00 per page and payable before we provide the additional copies. You will be required to sign an authorization to obtain your medical records. Please allow up to 30 days for our office to complete your request for medical records.

Aesthetic Dermatology, P.A. and David L. Allyn, MD will only file insurance claims for plans and programs for which we are contracted with and participate in. However, there may be certain insurance providers, payers, medical plans or programs (“non-contracted plans”) which we are not contracted with. Should you participate with any “non-contracted plans” and still request to see the doctor, then you agree to waive your rights to file for medical services rendered by Aesthetic Dermatology, P.A. and David L. Allyn, MD and payment will be required at the time of service. For your convenience, we accept most major credit, debit cards, checks and cash.

If you have questions regarding the Office Financial Policy & Authorization, please speak with one of our office staff prior to seeing the doctor or signing below.

I authorize the release of any and all medical information necessary to process claims and also authorize payment of medical benefits to Aesthetic Dermatology, P.A. and/or David L. Allyn, MD. If insurance does not pay for services rendered for any reason whatsoever, I will agree to be financially responsible for payment in full.

If applicable, I authorize Aesthetic Dermatology, P.A. to release to Social Security, Health Care Administration or its intermediaries/carriers any information related to a Medicare claim. I acknowledge that regulations pertaining to Medicare assignment of benefits may also apply. This authorization may be copied and used in lieu of this original document.

I have read and understand all of the above and hereby request the professional services of Aesthetic Dermatology, P.A. and David L. Allyn, MD, and agree to the financial responsibility herein.

Patient Signature (Parent or Legal Guardian, if minor): _____

Print Name: _____ Date: _____

SUPPLEMENTAL POLICY HOLDER: I understand that Aesthetic Dermatology, P.A. is required to have a separate signature on file for my supplemental policy including but not limited to Medigap. I authorize Aesthetic Dermatology, P.A. to release all medical information necessary to determine any benefits payable for services and request such payments be made directly to Aesthetic Dermatology, P.A. on my behalf.

Patient Signature: _____