

DERMATOLOGIST MEDICAL GROUP OF NORTH COUNTY, INC.

**FINANCIAL POLICY**

Since your insurance policy is a contract between you and your insurance company, you are responsible for the cost for services you receive from The Dermatologist Medical Group of North County, Inc. If our office has a contract with your insurance company, we will bill your insurance for you. It is the responsibility of the patient to know whether prior authorization is required by their insurance company prior to any office visit, surgery, or hospitalization. This requirement may affect your benefits and amounts paid by your insurance. Please inform this office if such authorization is required before services are rendered. You must have your insurance card or you will be required to make a payment at time of service

It is your responsibility to notify us if your insurance type, primary physician, primary medical group, or any other changes have occurred that could affect your insurance coverage for services about to be provided. If we are not informed prior to rendering services, you may be responsible for the cost of the services.

We accept assignment for all Medicare patients. Co-payments and deductibles are due and payable at each visit. Interest of 1.5% may be added to an unpaid balance after 30 days past due. There is a \$25.00 charge for returned checks.

**HMO PLANS**

You understand that payment of these services is dependent on prior authorization secured from your primary care physician or health plan and your current eligibility of benefits from your insurance carrier. Should either requirement not be met, you are financially responsible for services rendered.

**COSMETIC PROCEDURES**

Cosmetic procedures are cash visits only and cannot be billed to insurance. These procedures include but are not limited to: Botox, Collagen, Restylane, Hair Removal, Facial Veins, Spider Veins, and Skin Tags or benign growths.

**DISABILITY FORMS**

Because disability and other related forms have become more extensive and time consuming to fill out, there is now a \$15.00 charge for completing them. This is not covered by the insurance and is therefore the patient's responsibility.

**MISSED and LATE APPOINTMENTS**

Your appointment time is reserved for you. If you are unable to keep the appointment we request that you call our office at least one working day in advance to avoid a charge.

If you miss a scheduled appointment and did not cancel one working day in advance, you will be required to make a \$50.00 deposit when you schedule your next appointment. This deposit will be applied to your visit.

If you are more than fifteen minutes late for your appointment we will make an attempt to accommodate you during that session. However, this may involve your seeing another practitioner, waiting to be seen at the end of the session or rescheduling for another day.

We make every effort to remind you of upcoming appointments by placing a courtesy call to you 2 days prior to your appointment. We have a voice mail system in place that allows you to leave a message 24 hours a day for any appointment that must be canceled after normal business hours.

When appointments are missed or canceled at the last minute some other patient is deprived of the opportunity to see the physician during that time.

I have read and understand the above information.

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature or Guardian Responsible Party

\_\_\_\_\_  
Date