Parkland Dermatology
COSMETIC, MEDICAL & SKIN CANCER SPECIALISTS

FINANCIAL POLICY

1. **All patients** must complete the necessary patient information forms & consents and provide proof of identification, insurance and valid card and credit card prior to the evaluation by the physician.

2. **Credit Card on File Policy:** All patients must have a valid credit card on file with Parkland Dermatology and Cosmetic Surgery. Credit cards are stored securely in a PCI compliant payment gateway. By signing this document, you authorize Parkland Dermatology and Cosmetic Surgery to charge your card for any outstanding balance under $100 and send you an itemized receipt. For balances equal to or exceeding $100, Parkland Dermatology and Cosmetic Surgery will notify you with an invoice prior to charging the card on file. All co-payments and cosmetic services must be paid in full at the time of service.

3. **Cosmetic Procedures:** Due to the specialized nature of our medical practice, and the specific needs of our patients, Parkland Dermatology and Cosmetic Surgery provides some services that are not covered by insurance carriers. It is the patient's responsibility to know what is covered under their insurance plan. Patients covered under Medicare must sign a waiver prior to receiving these additional services. We will not submit claims to medical insurance for cosmetic procedures.

4. Referrals: Patients who are covered under HMO health insurance plans, are responsible for obtaining the required referral prior to the office visit. Failure to obtain a referral may make the patient responsible for all charges pertaining to the medical visit.

5. Minor patients: The adult accompanying a minor (or the parent/guardian) is responsible for full payment of all copays and deductibles. For unaccompanied minors, non-emergency treatment will be denied unless payment has been pre-authorized.

6. Past due balances: Patients with an unpaid balance to Parkland Dermatology and Cosmetic Surgery beyond 6 months and who do not make satisfactory payment arrangements will have their account placed with an external collection agency and a 25% service charge will be added to the balance. Patients will be responsible for reimbursement of any fees from the collection agency, including all costs and expenses incurred collecting the account and possibly including reasonable attorneys fees if so incurred during the collection effort.

7. Late Cancellation / No Show Policy: Patients who fail to arrive for their appointment deprive others of medical attention. Patients will be charged a $50.00 fee for any scheduled appointment, or $100 for any procedure, that is not cancelled or rescheduled at least 24 hours prior to the scheduled appointment time. Patients who do not arrive for their scheduled appointments more than once, may be referred to another practice.

8. We reserve the right to notify your health insurance company of nonpayment of copays and deductibles that apply.

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SIGNATURE OF PATIENT OR PERSONAL REPRESENTATIVE DATE

_____ _____

PRINTED NAME OF PATIENT OR PERSONAL REPRESENTATIVE RELATIONSHIP TO PATIENT