

Gardner Dermatology & Med Spa Financial Policy

Gardner Dermatology and Med Spa believes that part of a good health care practice is to establish and communicate a financial policy to our patients. We are dedicated to providing the best possible care for you and we want you to completely understand our financial policy.

PAYMENT is expected at the time of your visit. Payment will include any unmet deductible, coinsurance, copayment, or non-covered charges. If you do not carry insurance, or if your coverage is currently under a pre-existing condition clause, payment in full will be required at the time of your visit. We do ask for a copy of your driver's license or picture ID to reduce identity theft. (Please do not be offended!)

Lab Test and or Pathology Specimens sent to outside laboratories will be billed separately from Gardner Dermatology charges. If your insurance requires you to use a specific laboratory, it is your responsibility to inform our staff of this laboratory at the time of service.

Cosmetic services and products are NOT covered by insurance. Payment for cosmetic services is due at the time of service. **Some cosmetic procedures will require a deposit of \$100.00 at the time the appointment is scheduled.**

Please remember that insurance is a contract between the patient and the insurance company and ultimately the patient is responsible for payment in full. If your insurance company does not pay the practice within a reasonable period of time, you will be billed. If we later receive payment from your insurance, we will refund any overpayment to you. If our providers are not listed in your plan's network, you may be responsible for partial or full payment. Due to the many different insurance plans, our staff cannot guarantee your eligibility and coverage. Be sure to check with your member benefits department about services and physicians before your appointment. You are responsible for obtaining a properly dated referral if required by your insurance company. You will be responsible for payment if your claim rejects due to the lack of a referral.

RETURNED CHECKS will incur a \$35.00 fee. Once a check has been returned to the office you will be required to make all future payments with cash or credit card. Stop payments constitute a breach of payment and are subject to a \$35.00 fee.

_____ MISSED APPOINTMENTS or appointments that are not cancelled with 24 hours' notice, will incur a fee of \$50.00. Surgical appointments and cosmetic appointments that are missed or are cancelled without 24 hours' notice will incur a fee of \$100.00.

Accounts are sent to COLLECTIONS if payment is not received. Our office does send out a collection warning letter in addition to multiple statements prior to the account being sent to collections. **If your account is sent to collections a 30% fee will be added to the past due balance.**

I have read and understand Gardner Dermatology's financial policy and I agree to be bound by its terms. I also understand and agree that such terms may be amended by the practice from time to time.

(signature of patient or responsible party)

(date)