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**Gardner Dermatology and Med Spa**  
**Financial Policy**

*Thank you for choosing Gardner Dermatology as your healthcare provider. We are committed to providing the best dermatological care possible. So that we may better serve you, please read and sign this form. We appreciate the confidence you have placed in us as professionals.*

The following statement explains our Financial Policy which we ask you to read, sign and return to us prior to your treatment.

All patients should provide accurate and complete personal and insurance information prior to being seen by our Practice.

If your insurance carrier requires you to have a referral for a specialist it is your responsibility for seeing that we have a current referral on file. If we do not have this referral you will need to contact your Primary Care Provider to obtain one. If there is not a referral on file your insurance carrier will deny the claim and you will be financially responsible for payment.

All applicable co-pays, personal balances, both current and prior, are due at the time of service. For your convenience, we accept cash, personal checks, Visa, MasterCard, Discover, and American Express.

As a courtesy, we will process and file your insurance claims for services at no cost to you.

For services that are covered by insurance, the practice requires payment of approximately 20% of the total estimated charges or the co-payment specified by your insurance.

For services that are not covered by insurance, the practice requires payment of 100% of total charges unless payment arrangements have been worked out.

Lab tests and/or pathology specimens sent to outside laboratories will be billed separately from Gardner Dermatology's charges. The laboratory service will bill for their 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 and products is due at time of service. Some cosmetic procedures will require a deposit at the time the appointment is scheduled. These services will not be billed to your insurance carrier.

In the event that services are provided, and a patient's coverage is not in effect on that specific date of service, payment for these services will become the financial responsibility of the patient.

If a check is returned to the office due to insufficient funds, the original check amount plus a \$30.00 returned check fee must be received within 30 days from the date the check was returned to avoid further late fees or collection action.

In the event your account must be turned over for collection, you will be billed and are responsible for all fees involved.

We encourage you to educate yourself about your insurance benefits. Every patient's insurance policy is different and it is beyond the ability of our staff to know the benefits of every plan. If you are unsure of your benefits, please call the customer service number on your insurance card.

Please understand that it is ultimately the patient's responsibility for payment of services. Please be aware that some services provided may be non-covered services under your policy. It is the patient's responsibility to be aware of the individual policy restrictions and guidelines.

Gardner Dermatology uses an outside billing company to file your insurance claims. After your insurance responds you will receive two statements from our billing service. Any unpaid balance may be turned over to a collection agency. If any account is placed with a collection agency, the patient will be responsible for all costs of collection. Timely payment will prevent consequences to your credit rating.

I certify that I have read and understand the "Financial Policies" and agree to all terms and conditions as stated above. I understand that it is my sole responsibility to verify insurance coverage and I am ultimately responsible for payment in full for any outstanding balances. I understand that the information that I have given today is correct to the best of my knowledge. I also understand that it is my responsibility to inform Gardner Dermatology of any changes associated with my insurance status. Even though I may have health insurance coverage, I understand payment for services is ultimately my responsibility. I understand that payment for service is due at the time that service is rendered unless other financial arrangements have been made.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_