

Patient Name :

Chart# : _____



Patient Financial Policy

General Responsibility: Payment is required for all services at the time that they are rendered unless you are covered under an insurance with which we participate. For those patients, applicable co-payments, deductibles, and/or coinsurance will be collected at the time of service. Please make sure your billing information is complete and accurate. You must bring your updated insurance card with you. Failure to bring a valid insurance card and/or necessary payment may result in the need for your appointment to be rescheduled. You may be billed separately for laboratory services. Many insurance plans require you to have: specific doctors, authorizations, and/or referrals. You are responsible for knowing the details for your insurance plan. Mid-Charlotte Dermatology is contracted with a limited number of plans, a list of which is available from our receptionist or billing manager. You must contact your insurance company and be aware of your out-of-network benefits. If we are not contracted with your insurance plan, you can still file a claim form by visiting your insurance website. Please contact your insurance company if you have any questions about this process. We are happy to provide you with any procedure and diagnosis codes needed. We accept payment in the form of cash, check or credit card. There is a \$30.00 charge for any returned check.

Non-Covered Services: Services that your insurance company considers cosmetic or not medically necessary will not be reimbursed by your insurance company. Payment in full is due at the time of service (examples: skin tags, milia/cysts, normal moles, asymptomatic keratoses, oil glands, blood vessels, and some warts).

Missed and Late Appointments: Please call two business days in advance to cancel an appointment. Missed appointments and same day cancellations may result in a \$30.00 charge. If you arrive 15 minutes or more late for your appointment, you may be asked to reschedule.

I have read and understand the financial policy statement. I agree to make prompt payment to Mid-Charlotte Dermatology when billed for any and all charges not covered or paid by valid insurance benefits. I authorize payment directly to Mid-Charlotte Dermatology for medical insurance benefits payable to me under the terms of my policy, but not to exceed the balance due for services performed for my treatments.

Signature of Patient/Responsible Party	Relationship	Date
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Permission to Treat a Minor (Age of <18 years): A parent or guardian must be present with a patient under the age of 18 for the first visit and any subsequent visits in which a procedure is performed. The parent/guardian grants permission to Mid-Charlotte Dermatology to see the minor without their presence for standard medical office visits. I have the legal right to select and authorize health care services for this minor.

Signature of Responsible Party	Relationship	Date
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Witness Signature	Date
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