



FINANCIAL POLICY

Thank you for choosing Stockton Dermatology for your care. We want you to understand and be aware of our office policies. If you have any questions or would like to discuss these policies, we can arrange for discussion with our office manager prior to your visit.

INSURANCE ASSIGNMENT AND PAYMENT POLICY

Medicare We are Medicare participating providers. We accept assignment of all claims. We cannot bill Medicare for any cosmetic or not medically necessary procedures (as defined by Medicare). You are responsible for meeting the Medicare annual deductible of \$124 and co-pays at the time of service.

HMO, PPO or Other Managed Care Companies You are responsible for paying your annual deductibles, co-payments and charges for any non-covered or cosmetic services. These payments are due at the time of service. We do not bill for co-payments, non-covered or cosmetic services. Stockton Dermatology is not responsible for verifying insurance or obtaining receipt of any referrals that may be required by your insurance plan. You must obtain any referrals from your Primary Care Provider (PCP) and have the referral available to our office prior to or at the time of your appointment. There are numerous insurance companies, individual health plans and variable benefits. We can not guarantee your individual insurance coverage. You should contact your insurance representative for details specific to your plan. If you do not have a valid referral at the time of your appointment, you will be asked to reschedule or you can choose to be seen, but will assume financial responsibility for the visit as a self pay patient. Payment for the visit is due at the time of service. _____ **Please Initial**

Non-Contracted Plans We do not bill non-contracted plans. We will provide you with a statement of your visit charges. We do not coordinate referrals or authorizations for procedures or medications for non-contracted plans. We **do not** provide documentation for Workman’s compensation cases, office visits for litigation, or AHCCCS (Medicaid). Payment is due at the time of service.

Lab Tests, Pathology Charges and Procedures Please note that all procedures have additional costs which may not be included in regular office visit fees. These procedures include, but are not limited to, cryotherapy (liquid nitrogen treatment) to ‘burn-off’ lesions, mole mapping, acne procedures, slushes, peels, biopsies, surgeries, injections, cyst drainage, and mole or wart removal. If your visit includes biopsies, lab tests, or cultures, these specimens are sent out for processing. You will receive separate billings from the laboratory performing the service. You are responsible to notify us if your insurance company requires particular labs for coverage of the processing. _____ **Please Initial**

Unpaid Accounts Any payments, which are due, including those starting 30 days after insurance coverage has been completed, will be charged a \$15.00 monthly service charge; (or) at a rate of 1.5% interest per month based on the unpaid balance, whichever is larger. You understand that you are financially liable in the event of non-payment; you agree to pay any collection agency cost(s), and / or court cost(s) and reasonable attorney fees. Accounts not cleared within **90 days** may cause an adverse incident on your credit report. You understand and agree that if a check is returned for insufficient funds, Stockton Dermatology will only accept cash or credit card payment(s) thereafter, and you will be obligated to pay a returned check fee of \$30. All balances must be settled. _____ **Please Initial**

Cosmetic Services and Non-Covered Services Procedures such as chemical peels, laser treatments, hair removal, Intense Pulsed Light (IPL), Restylane®, sclerotherapy, Botox® injections, Blu-U, microdermabrasion, and normal skin growth removal are considered cosmetic and are not covered by insurance. Some procedures performed that may be used for a medical condition can be deemed non-covered or not medically necessary. This is determined by your individual insurance company. We can not bill your insurance company for these procedures. Payment is due at the time of service for cosmetic, non-covered or not medically necessary procedures.

CANCELLATION POLICY

You understand and agree that you will give 24 hours notice if you are not able to make a scheduled appointment. A fee of \$40 will be charged to you for missed or broken appointments without 24 hours notice. Stockton Dermatology uses an automated phone system for reminders of appointments. You understand this is a courtesy and Stockton Dermatology is not responsible for reminder calls not received. You are responsible for all appointments made. _____ **Please Initial**

PRIVACY STATEMENT

You have the right to review our privacy notice, request restrictions and revoke consent in writing after you have reviewed our privacy notice. Signing below signifies that you have had the opportunity to view the privacy notice by requesting a copy or reading a copy located in the waiting room and you agree to the privacy policy of our office. This can also be viewed on our website.

By signing below you acknowledge you have read, understand and agree to the Stockton Dermatology Financial Policy.

Printed PATIENT Name: _____

Signature of Patient/Insured/Guardian: _____ **Date:** _____

Printed Name of Patient/Insured/Guardian: _____ **Relationship:** _____

Signature of Office Representative: _____ **Date:** _____