

**THIS FORM MUST BE SIGNED AT THE BOTTOM**

In order to provide understanding between our patients and the practice, we have implemented the following financial policy. If you have any questions about the policy, please ask to speak with someone from our billing department. The billing department phone number is 877-582-9398. We are committed to providing the best possible care and service to you and your complete understanding of your financial responsibilities are a key element in providing that service. If you have questions about whether or not we participate with your insurance please contact our office prior to your appointment. For questions about your insurance coverage please contact your insurance company prior to your appointment.

**It is always best to ask questions about your insurance coverage *prior* to having services performed.**

- ✓ A drivers' license is required to be shown at your visit to verify that we are providing services to the appropriate person and protect our patients from identity theft.
- ✓ For all services rendered to minor patients, we will hold the parent or guardian accompanying the minor on the first visit responsible for expenses incurred.
- ✓ If you fail to notify us of an insurance change you will be fully responsible for any amount not paid by your insurance company.
- ✓ You will be responsible for any charges associated with collection costs if your account goes to a collection agency due to an unpaid overdue balance.
- ✓ Commonly, in this practice, we perform surgical procedures that require lab work. We will bill your insurance for this lab work and a separate statement will be sent to you for any amount not paid for by your insurance.

**Patients with Insurances we Participate With:**

- Copays are required at the time of service. We accept cash, check, money order, credit, or debit cards.
- You are responsible for any services that your insurance does not cover at the time of service.
- We will file an insurance claim with your insurance company if you provide us with your current insurance card at your visit. If your insurance company has not paid the claim within 45 days you will be responsible for payment.
- Your insurance policy is a contract between you and your insurance company in which the doctor is not involved.
- You will be responsible for any co-insurance or deductibles that your insurance requires.
- Please note: Because a service is "covered" by your insurance policy does not necessarily mean that your insurance company will pay for the service. Many insurance policies have deductibles that need to be met before they will pay for services. If you are unsure if you have such a policy, please contact your insurance company *prior to your visit*.

**Patients without insurance / patients with insurances we do not participate with:**

- Payment in full is required at the time of service. We accept cash, check, money order, credit or debit cards.
- If you provide us with your current insurance information, we will file a claim with your insurance company as a courtesy.
- Under certain circumstances, we are willing to set up payment plans.

**"No Shows"**

- If you are unable to make your appointment, we encourage you to call at least 24 hours in advance so that we may be able to fill your appointment slot with another patient who needs to be seen by the doctor.
- We value your time and ours, if you "no show" your scheduled appointment, you will be charged \$25; each additional no show will increase by \$25, to \$50 and finally \$75. After that, you and ALL family members will be discharged from the practice. This fee will be required to be paid before you can schedule an appointment again.
- A "no show" means that you did not call to notify us you wouldn't be at your appointment and you didn't come to your scheduled appointment

I have read and understand the financial policy of Holland Dermatology and agree to its terms. I understand that such terms may be amended by the practice at any time.

▶ \_\_\_\_\_  
**Signature of Patient or Responsible Party if Minor**

**Date**

▶ \_\_\_\_\_  
**Printed Name**

## Financial Policy Addendum

To our Valued Patients at Holland Dermatology,

If you are unable to make your appointment, we encourage you to call at least 24 hours in advance so that we may be able to fill your appointment slot with another patient who needs to be seen by the doctor.

A "no show" means that you did not call to notify us you wouldn't be at your appointment and you didn't come to your scheduled appointment.

We realize that things come up that you don't expect; and for these cases, we will allow one "no show" on your record. Because we value your time and ours, for your second "no show" (and any subsequent) you will be charged \$25; each additional no show will increase by \$25, to \$50 and finally \$75. After that, you and ALL family members will be discharged from the practice.

Please sign to acknowledge that you have read and understand this policy:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name