RELEASE OF INFORMATION AND PATIENT FINANCIAL POLICY

Arizona Dermatology Group

Thank you for choosing us as your dermatologist. We are committed to providing excellent medical care and customer service to all of our patients. Because we want each visit with our office to be pleasant, we have developed this information so you are aware of the practices and policies we follow. Thank you for your understanding and please let us know if you have any questions or concerns.

INSURANCE - We participate with most insurance plans. If you are unsure if our office participates with your particular insurance plan it is your responsibility to call your insurance and verify. If our office does not participate with your insurance plan, payment in full is expected at each visit. If you do not have your insurance cards to present to our office, payment in full is required regardless of participation. Once insurance information is received, we will bill your insurance as a courtesy, you will then be refunded the remaining portion of your payment. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your eligibility and benefits. Please understand our prices represent the usual and customary charges in our area and as outlined in our provider contracts.

CO-PAYMENTS, DEDUCTIBLES and PAYMENTS - All co-pays must be paid at the time of service. This arrangement is part of your contract with your insurance company. Failure on our part to collect co-pays from patients can be considered fraud. All deductibles must be paid by the patient. As part of our contract with insurance companies, deductibles are the patient's responsibility and discount cannot be made from insurance applied deductibles. Our office accepts cash, Visa and MasterCard and personal checks with valid driver's license. In any case of a returned check, there is a non-negotiable **$25 fee**. Returned checks which are not cleared up upon receipt of notification are referred to the County Attorney's office for prosecution and the **fee of $25** may be turned over to our collection agency.

PROOF OF INSURANCE & **COVERAGE CHANGES** - All patients must complete our patient information form prior to being seen by a healthcare professional. We must obtain a copy of your driver's license and current valid insurance card as proof of insurance and identity. If you fail to provide us with the correct insurance information, you will be responsible for payment on any services rendered. If your insurance changes, it is your responsibility to notify our office.

CLAIM SUBMISSION - We will submit your claims and assist you within reason to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claims is your responsibility in any case if your insurance company does not pay. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

RELEASE OF INFORMATION - I understand and authorize the release of my protected medical information to my primary care, referring and consulting physicians as necessary to process insurance claims, insurance applications, and prescriptions or as needed related to any medical care. I also authorize and understand payment of medical services rendered are payable to the physician, group and affiliates.

NON-PAYMENT - If your account balance is **over 30 days past due**, you will receive a letter stating that you have 10 days to pay your account in full. Payment arrangements must be negotiated with our office and will only be accepted on accounts which are not past due. Please be aware that if a balance remains unpaid, we will refer your account to a collection agency. Once your account has been placed with the collection agency you and your immediate family members will not be able to be seen by our office other than in an emergency basis until your balance has been resolved. In the event of finding it necessary to turn unpaid balances over to a collection agency, a fee of up to 35% will be added to your balance to cover all collection fees and/or legal fees and will be owed in addition to the remaining balance. If your account has been referred to a collection agency on more than one occasion, you will be notified by regular mail that you have 30 days to find alternative medical care. During that 30 day period, our physicians will only be able to treat you on an emergency basis.

MISSED APPOINTMENTS – We require you to notify our office prior to 24 hours of your appointment time if you are unable to keep your appointment. Our policy is to charge for appointments not cancelled within 24 hours of your appointment time and no show appointments. We reserve the right to assess a fee of **$50** per appointment, non-billable to insurance; these charges will be your responsibility and is subject to collection procedure. We also reserve the right to notify you by regular mail that you have 30 days to find alternative medical care. During that 30 day period, our physicians will only be able to treat you on an emergency basis. Please help us to serve you better and other patients by keeping your scheduled appointments.

OUTSIDE SERVICES - Please understand that some procedures performed in our office require outside facility use including but not limited to tissue specimens and cultures. There is a charge from the outside facility for these services, and you will be billed directly from them and are responsible for the payment of these services.

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Signature of Patient/Legal Representative/Parent Date