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| **Consent for Treatment** |

Patient Name: Date of Birth:

Welcome, and thank you for choosing Skin Solutions Dermatology + Cosmetics as your dermatology care provider. Our doctors and staff understand that our primary purpose is to provide you with the highest quality of care. Your understanding of our patient policies is an essential element of your care and treatment. Please read the policies and sign below. A copy will be maintained in your chart and may be provided to you upon request.

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| **Financial Policy** |

Charges incurred for services rendered by Skin Solutions Dermatology + Cosmetics are your responsibility, regardless of insurance coverage. As a courtesy to you, Skin Solutions Dermatology + Cosmetics will bill your insurance for medical services. It is your responsibility to provide this office with accurate insurance information, and to notify us of any changes in health insurance coverage. In the event the office is not informed before care is rendered, you will be responsible for any charges that are denied. If you have questions on network status/participation with your insurance, it is your responsibility to contact your insurance company directly.

For services that are denied or not covered by medical insurance, payment will be billed to patients directly and patients accept full responsibility for the balances due after insurance processing. Skin Solutions Dermatology + Cosmetics reserves the right to notify your health insurance company of nonpayment of patient insurance fees such as copays, coinsurance, remaining balances and deductibles that apply. Skin Solutions Dermatology + Cosmetics does not participate with Medicaid.

**Patient Responsible Payments Due at Time of Service:**

* Co-pays and deductibles that are required by your insurance policy
* If you have no insurance and are self-pay, or if having an elective non-covered service (such as cosmetic services)
* If you or any of your dependents/minors have an outstanding balance, we will collect the balance at this time of service

**Referrals:**

Patients who are covered under HMO or some POS health insurance plans are responsible for obtaining the required referral prior to the office visit. This referral typically has to come from the Primary Care Provider listed under your insurance policy. Failure to obtain an appropriate referral renders the patient responsible for all charges pertaining to the medical visit.

**Laboratory/Pathology Charges:**

All outside laboratory testing will be billed from the specific laboratories to the patient and/or insurance company. Patient is responsible for co-payment or any portion not covered by insurance.

**Collections:**

Past due accounts are subject to collection proceedings. After 10 days past due, we will attempt to run the credit card on file. If we are unable to run the card on file then we will send an additional statement. After 90 days your account will be turned over to our collection agency and you will be responsible for all collection and fees that the practice incurs as a result. We reserve the right to refuse to see any patient that has been placed into collections.

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| **Appointment Adjustment (Late Cancellation/No Show) Policy** |

Skin Solutions Dermatology + Cosmetics strives to provide the highest level of patient care and respect patients’ time in our office. Our office does not over schedule our clinic and therefore will require **24 hours** notice to change or cancel an appointment. Patients arriving more than 15 min after appointment start time may not be able to be worked into the schedule and, in turn, considered a no-show. This policy allows our office to function with efficiency and provide the best care to all of our patients.

**The following conditions will result in a fee charged to patient account:**

* Patient fails to show for an appointment
* Patient arrives more than 15 minutes late and not able to be worked into schedule
* Patient cancels or changes appointment with less than 24 hours notice

**Fees are as follows:**

* $50 for medical appointments
* $100 for surgery appointments
* $150 for cosmetic appointments

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| **Notice of Privacy Practices** |

I understand and acknowledge that Skin Solutions Dermatology + Cosmetics is obligated to keep my health information confidential, but legally may use my health information for purposes of treating me, getting paid for services provided to me, or for the internal operations of the practice such as improving care and treatment services. I understand that a detailed list of permissible uses and disclosures is included in Skin Solutions Dermatology + Cosmetics Notice of Privacy Practices and is available on request.

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| **Consent to Treat and Authorization to Release and Receive Information** |

I authorize Skin Solutions Dermatology + Cosmetics to perform or have performed upon me, or the above-named patient, appropriate assessment and treatment procedures. I also authorize the release of information to appropriate agencies, including insurance companies and pharmacies, to process claims and prescriptions.

By signing below, I agree to the above listed policies and procedures.

Patient/Guardian Signature Date