



Patient Financial Responsibilities

The following is a statement of our financial policy, which we request you read and sign prior to your treatment. Due to the ongoing changes in healthcare, South Lyon Dermatology may make periodic updates or modifications to our financial policy. In the event there are changes to the financial policy, we will require each patient to have an updated, signed copy in their chart.

1. We ask that you present your insurance card and photo identification at each visit.
2. All co-payments are due at the time of service. If the co-pay is not paid at the time of service, you will be assessed a \$25 late fee. Co-payments, co-insurance, and deductibles are a contract responsibility between you and your insurance plan. We are unable to negotiate or reduce these amounts. We accept cash, check, debit and credit cards (Visa, MasterCard, American Express, and Discover.) If you are not able to pay in full at the time of service, payment arrangements must be made prior to seeing the doctor. There will be a \$35.00 fee for any check returned to us.
3. Any time you are seen by one of our providers there will be a charge for their services. There are limited exceptions to this rule, such as cosmetic consultations.
4. HMO patients are responsible for obtaining the required referral/note prior to their office visit. Failure to provide a referral/note when necessary may result in your appointment being canceled or rescheduled, or the responsibility for payment in full prior to seeing the physician.
5. Our office will submit claims to your insurance company as a service to you. We will only accept assignment of benefits for insurance plans which we participate with. Please check with your carrier for coverage limitations. It is very important that you understand the provisions of your policy. If you do not provide us with the correct insurance information in a timely manner, you will be responsible for the entire balance. Please be aware that the balance of your claim is your responsibility, whether or not your insurance company pays your claim.
6. We consider any patient who is uninsured, or who is electing not to utilize their insurance benefits, as self-pay. With our self-pay patients, we still follow insurance guidelines for our billing and coding to ensure we are consistent in our billing practices. Charges for these services must be paid in full at the time of service.
7. Responsibility of payment for services rendered to a child of divorced/separated parents, rests with the parent who seeks treatment. Any court ordered judgment must be between the individuals involved without including our facility. We will not send duplicate statements.
8. You will receive a statement/explanation of benefits (EOB) from your insurance carrier, as well as from our office, stating your financial responsibility. If the balance remains unpaid after the statement from our office has been issued, you will receive a final notice before your account becomes delinquent. We reserve the right to refer delinquent accounts to a collection agency that reports to credit bureaus. Each account turned over to a collection agency will assess a fee equal to 25% of the unpaid balance on the account.
9. Due to the specialized nature of our practice, we provide some cosmetic services that are not covered by insurance carriers. The staff will review these additional fees and all patients will be required to sign a waiver prior to receiving these additional services. These services must be paid for in full at the time of service.
10. For your safety we have personally selected the Dermatopathologist for the reading of your skin specimens/biopsies. Be advised that laboratory charges are completely separate from our office charges.
11. Any patient that fails to show up for their scheduled appointment or fails to cancel their appointment within 24 hours in advance of their scheduled appointment will have a "No Show Fee" charged to their account. The "No Show Fee" is \$35 for medical visits and \$75 for cosmetic and surgical appointments. We reserve the right to dismiss you from the practice for non-compliance.
12. Payment on File Policy: Regardless of insurance coverage, all patients are required to have a valid credit card, HSA or e-check on file with South Lyon Dermatology. Credit cards are securely stored in a PCI-compliant payment gateway and card numbers are not visible to staff. South Lyon Dermatology will notify patients via email statement 1 week prior to charging the card on file. By signing this policy, you authorize South Lyon Dermatology to charge the payment on file for balances due. For patients who do not have an email, your balance will be notified by paper statement. Payment on file will be charged 7 days from notification. If your payment method is declined, you will be notified by phone. Declined credit cards may be subject to an office fee.

Your signature below acknowledges that you have read and have a full understanding of South Lyon Dermatology's Patient Financial Responsibilities.

Signature: _____ Date: _____

Print Patient Name: _____ Patient Date of Birth: _____