Revised January 9, 2024

Skin Oasis Dermatology

Acknowledgement of Financial Policies/Payment and Consent

PLEASE REVIEW CAREFULLY, INITIAL EACH POLICY AND SIGN FORM

_____ **I understand if I have insurance (participate in an HMO/IPA/PPO/Medicare)** a claim for reimbursement for service rendered will be submitted **once** to my insurance company based on the information, I provide to Skin Oasis Dermatology (the "Practice"). I assign insurance payments for such services directly to the Practice. **I understand that I must pay co-pays, deductibles, co-insurance and for non-covered services at the time of my visit.** The Practice will rely on information I provided today to submit my insurance claim and order additional services (laboratory and testing that are essential). If my insurance company does not pay the Practice **within 30 days**, I will pay the balance due in full.

_____ **I understand if I am Self Pay** because at the time of my visit I do not have valid/verified health insurance; or am uncertain as to which insurance I have; or do not want my insurance company to be billed; or do not comply with the terms of my insurance policy such as not supplying adequate information or obtaining proper referrals; and for services I receive that my insurance company later deems as not medically necessary, no claim will be submitted by the Practice at any time and I will pay for all charges in full at the time of the visit.

_____ I understand that there is a **30% deposit** for all COSMETIC PROCEDURES, payable when scheduling an appointment/checking-in. Please provide a **72-hour (3 business days) notice** if you need to cancel the appointment. **Your deposit is non-refundable if our office does not receive a 72-hour cancellation notice**.

_____ **Outstanding Balances/Miscellaneous: I understand** for balances, including but not limited to copays, deductibles, co-insurance, no show, and late cancellation fees, referred to collections, I agree to pay all costs of collections, including but not limited to court costs and attorney fees, the reasonableness of which will not be contested. I understand that additional service fees will be charged based on non-payment of co-pays at time of service, late cancellation of appointments, no shows **(medical $100 fee and cosmetic service 30% deposit)** and other polices of the Practice which may change from time to time without notice. A monthly billing surcharge will be added to subsequent statements for all balances **not paid within 30 days** of the date of the first statement. I further understand that a fee **($40)** will be added to subsequent statements for returned checks. A fee for medication management telephone calls will be charged. I agree that the Practice may query the Surescripts prescription database when making decisions regarding my medical care.

NOTE: ALL cosmetic procedures/products are FINAL SALE – NO REFUNDS

All costs are payable via credit cards or cash only

This agreement is valid for all episodes of care rendered by the Practice. A copy may be used in place of the original. By signing below, I, as the patient or other responsible party (for minors, the person who consents to services on behalf of the minors), consent to the foregoing, certify that all insurance information provided is correct and complete as of today and agree to make all required payments. Any modifications to this agreement are ineffective and void. The Practice reserves the right to deny care in the event the terms and conditions of this agreement are not accepted. The Practice may contact me using any information I provide. I acknowledge that I have reviewed the Practice's Notice of Privacy Practices and authorize the release of any medical or other information related to my visit to the Practice, the Health Care Financing Administration, my insurance company or other similar entity, as appropriate.

Please print Name: _____

Sign: _____Date**:** _____

Your email: _____

We encourage you to get information from Dr. Miles and her team, so you can stay in the know and take advantage of our monthly procedure, treatment, and product specials.