

MARIETTA DERMATOLOGY & THE SKIN CANCER CENTER

FINANCIAL POLICY

We are doing everything possible to hold down the cost of your medical care. You can help a great deal by eliminating the need for us to bill you. The following is a summary of our identification and payment policies.

IDENTIFICATION REQUIREMENTS

This practice is committed to safeguarding your identity. Federal regulations now require us to verify your identity at each visit and ensure the identity of anyone presenting medical insurance identification. **To satisfy the federal requirements, we ask for your social security number and must have a copy of your photo identification on file. We will ask for your medical insurance identification at every visit.** When possible, we will take a digital photograph of you that is attached to your electronic file. This photograph allows us to verify your identity for future visits. Refusal to provide the required identification may delay or prevent your being seen by our physicians.

PAYMENT IS EXPECTED AT THE TIME OF SERVICE

Payment of co-pays and outstanding charges is required at the time services are rendered unless other arrangements have been made in advance. This includes applicable deductibles, coinsurances, and copayments for participating insurance companies. Marietta Dermatology & The Skin Cancer Center accepts cash, personal check (in-state only), VISA, MasterCard, and Discover. There is a service charge for all returned checks. We do not accept post-dated checks. Checks are electronically deposited by our office at the end of each day. **If you pay in cash and do not receive a written receipt, please ask to speak to a supervisor before leaving the office.**

Patients with an outstanding balance of 60 days overdue must make arrangements for payment prior to scheduling appointments. We realize that people have financial difficulty. Our financial counselors will work with you to ensure you receive needed medical care.

You are responsible for all charges. We bill participating insurance companies as a courtesy to you. You are expected to pay your copayments at the time of service. Applicable deductibles, coinsurances, and other financial responsibilities deemed appropriate by your carrier, will be billed to you. Charges billed to you are due at the time we send you a statement. We reserve the right to charge finance charges or billing fees for accounts not paid in full.

In the event you have a procedure(s) performed, we will file with your carrier and ALL applicable deductibles, coinsurances, and other financial responsibilities are your responsibility. If you have any questions about your financial responsibility, please speak with your provider or our financial counselors, prior to services being performed.

You are responsible for all charges at the time of service. Once paid, we will file your charges (upon request) to your carrier as a courtesy to you. You are responsible for any further information (follow-up) requested by your carrier.

If you need assistance or have questions, please contact the Billing Coordinator between 8:30 a.m. and 4:30 p.m., Monday through Friday at 770-422-1013.

Broken appointments represent a cost to us, to you, and to other patients who could have been seen in the time set aside for you. Cancellations are requested 24-hours prior to the appointment. A \$25.00 missed appointment fee will be added to your account if you do not provide us with the requested 24-hour cancellation notice. Missing more than three appointments without proper notification may result in discharge from the practice.

I have read and understand the Marietta Dermatology & The Skin Cancer Center Financial Policy. I agree that if it becomes necessary to forward my account to a collection agency, in addition to the amount owed, I also will be responsible for the fee charged by the collection agency for costs of collections.

Patient Name: _____

Signature of Insured or Authorized Representative

Date

Printed Name of Insured or Authorized Representative