



FINANCIAL POLICIES

Patient Name: _____

Date of Birth: _____

We are thankful and pleased that you have chosen Dermatology of Coastal Sarasota ("DOCs") for your medical care. To be certain the charges for your visit are covered; please check with your insurance plan in advance to verify that our doctors and our address are listed as covered providers. We are committed to working with patients to ensure they receive care; but, we understand that covered care is always preferable.

Medicare: We are Medicare participating providers. We will bill Medicare / Medigap carriers. You will be responsible at the time of service for payment of any:

- A. Annual deductible B. Copayment C. Charge for noncovered or cosmetic services*
*(Advanced Beneficiary Notice form will be provided)

If you have secondary coverage in addition to Medicare that is not Medigap or not an insurance company with which we have a contract, we will still file a claim for secondary payment. However, if it is not paid by your secondary/supplemental carrier within 60 days after we file, you will be responsible for the unpaid balance.

Commercial Plans: If we participate (are contracted) with a commercial insurance plan under which you are covered, we will bill them for all covered, medically necessary services rendered. We will bill any participating secondary insurance too, if any. You will be responsible at the time of service for payment of any:

- A. Annual deductible B. Copayment C. Charge for noncovered or cosmetic services

In the event that you, as the patient, or we, as the physicians, are unaware that a charge that is not covered by your plan, you will be responsible for that charge and will be billed after coverage is denied by your plan.

Cosmetic: The fee for a cosmetic consultation is \$95.00, and it must be paid in advance. If you proceed with the cosmetic procedure at any time during the consultation or within 30 days of the consultation, the fee will be applied towards the cost of the cosmetic procedure. If you do not show, or cancel with less than 1-business day's notice for a cosmetic appointment, you will be charged a \$95.00 cancellation fee.

Refunds: We do not offer refunds for medical or cosmetic procedures.

Outstanding balances: Any patient balance that is outstanding will be due upon your receipt of a patient statement or at any follow-up appointment, prior to service, whichever occurs first. If you are not able to make a payment, we may be able to assist you with a reasonable payment plan. Overdue patient balances may incur a \$15 late fee, and unpaid accounts may be referred for collections. In the event of non-payment or referral to a collections agency, the patient or other responsible person will be charged a 35% collections fee, and the reasonable costs of collection, including without limitation collection agency fees, attorney's fees, service charges, and interest, as allowed by law. Checks returned for non-sufficient funds will incur a \$35 fee.

The DOCs' healthcare team is committed to providing responsive, reliable and respectful care. If you have any concerns or comments, please let us know clearly and politely, so we can rectify any problems. Thank you.

Your signature below signifies (a) that you understand our financial policies and your responsibility for charges incurred for treatment in this office and (b) that you request that payment of charges for your treatment be made and assigned on your behalf directly to DOCs / Anderson Brannan Consultants, PL.

Signature _____

Relationship to Patient _____

Date _____