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PATIENT FINANCIAL LIABILITY FORM

INSURANCE

Patients are responsible for providing accurate and timely insurance information to our office. Patients will be held financially liable for services rendered if the correct insurance information is not provided within the required filing period for their insurance. Verification of benefits or prior authorization is not a guarantee that an insurance carrier will pay a claim. The insurance carrier makes final determination upon receiving the claim, based upon the plan's level of coverage and associated policies. Denied claims become the responsibility of the patient. Patients are fully responsible for obtaining any necessary referral from another physician before the appointment time. Insurance claims denied due to lack of referral will become the patient's responsibility.

Co-payments are due and payable at the time of service. If we are unsure of copay liability, we will bill the insurance first then the patient will be billed for any applicable co-payments. Patient agrees to pay all deductibles, coinsurance and services deemed "patient responsibility" as identified by the insurance carrier. Payment in full is due upon receipt of statement unless prior arrangements are made with the billing office.

Associates in Dermatology, Inc. accepts Visa, MasterCard, Discover, checks or cash. Checks returned for non-payment will be subject to additional fees. Unpaid patient balances may be placed with an outside Collection Agency if payment is not made within 90 days. This may adversely affect your credit. Non-emergent medical services may be denied until delinquent balances are paid.

COSMETIC SERVICES

All Cosmetic services are payable in full at the time of service.

BIOPSIES/PATHOLOGY

A biopsy may be necessary during the course of your treatment. If a biopsy is needed, you will be billed separately by a Pathologist for the processing and interpretation of each specimen. We are unable to quote fees for pathology services.

NO-SHOW APPOINTMENTS

If you are unable to keep your appointment, please notify our office by phone or e-mail no less than 24 hours before your appointment. Messages are acceptable and can be left at all times including evenings and weekends. Associates In Dermatology may assess a \$75 fee for an appointment that is missed without adequate notice.

I have read the above information and agree to the terms contained therein:

Patient's PRINTED Name

Parent/Guardian PRINTED Name (If patient is a minor)

Patient or Parent/Guardian Signature

Date