

ASPEN MOUNTAIN DERMATOLOGY

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. We are committed to providing quality medical care. Please understand that payment of your bill is considered part of your care plan. We ask that you read and sign this Financial Policy prior to any treatment. You may be asked to sign this page again as it is updated. Please let us know if you have any questions.

- We will verify your insurance coverage at every visit. It is the patient's responsibility to supply all current insurance cards.
- We may ask for a copy of your driver's license or picture identification issued from DMV for identity verification.
- If you do not have insurance, or cannot provide proof of insurance at the time of service, the office fee will be charged at time of service.
- We accept cash, checks, Visa, and MasterCard. A \$25 fee will be assessed for returned checks.
- No-show appointments/cancellations less than 24 hours in advance may be charged a \$45 fee.
- If your insurance requires a referral from your Primary Care Provider (PCP) to see another physician, it is your responsibility to obtain a referral/authorization prior to your appointment. **Any unauthorized charges will be your responsibility.**
- The adult accompanying a minor to a visit and the legal parents/guardians are responsible for full payment. We will not be involved in negotiating between parents in custody disputes.
- When labs, x-rays, or other tests are ordered by Aspen Mountain Dermatology you are responsible to check with your insurance company as to where you are authorized to have these studies done. We will not be responsible for any bill if you have a test done at the wrong location.
- If you are here for multiple procedures, the provider will determine whether or not to perform all these procedures during the same office visit or to schedule them at a future date. We cannot guarantee multiple procedures on the same day of service. Your insurance company may have one co-payment for the office visit and a second co-payment for the actual procedure. In addition, if we provide a non-covered service during the same visit as a medical dermatology encounter, then you will have two separate charges.
- _____ **All procedures (such as biopsies, liquid nitrogen/freezing, benign removals, skin tags, etc.) are billed separately and are not included in the office visit.**
Initials

As a courtesy to our patients, we will submit claims to your insurance carrier for you. For those plans that we participate in, we will also submit secondary and/or tertiary claims. Insurance plans vary considerably, and we cannot predict or guarantee what part of our services will or will not be covered by your particular plan. Patients are responsible for knowing the details/rules of their health plan(s), as we cannot change our coding in an attempt to obtain payment.

I hereby authorize Aspen Mountain Dermatology to release any medical information required in the course of examination and treatment and permit payment directly to them any benefits due for their services rendered. I recognize and accept responsibility for services rendered regardless of insurance coverage. This includes, but is not limited to, co-payment, co-insurance, deductible, and non-covered services.

*****I have read, understood, and agree to the Financial Policy (above)*****

Name of Patient or Responsible Party (Please Print)

Date of birth

Relationship to Patient

Signature of Patient or Responsible Party

Date