



Financial Policy

Patient Name: _____ **Date of Birth:** _____

Basic Policy

Pay for service is due *in full at the time service is provided* in our office. Pre-paid packages are non-refundable and must be used within 12 months of purchase. Packages are not transferable.

For Patients with Insurance

We bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. Copayments and deductibles are due at the time of service. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. Obtaining referral forms or pre-authorization is your responsibility. **If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.**

Medicare Patients

We will bill Medicare for you. We will also bill secondary insurance carriers for you. All copayments or deductibles are due and payable at the time service is provided.

Medicaid

We do not at this time accept Medicaid.

Surgery Fees

All copays, deductibles, and payments for noncovered surgical procedures are due *prior to your surgery*. Prior authorization may be required by your carrier.

Noncovered Services

Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

Personal Injury Cases

This office does not bill for auto accident or other liability or lawsuit-related cases. You are responsible for payment at the time of service. We do not accept liens.

Worker's Compensation

If your injury is work-related, we will need the case number and carrier name prior to your visits in order to bill the worker's compensation insurance company.

Yearly Skin Screenings

Periodic preventive skin screenings may or may not be covered under your health insurance policy; however, they may be required by your physician.

Missed Appointments

In fairness to other patients and the doctor, we required at least 24 hours' notice to cancel appointments. **You may be charged for missed appointments.**

Collections

You will be charged a \$10.00 collection fee if your account is turned over to collections.

Returned Checks

You will be charged \$20 for any check that is returned by the bank unpaid.

Deductible

Please notify us if you have not yet met your deductible for the current year. Please tell the receptionist, or check one:
I have paid my insurance deductible for the calendar year _____ Yes No Don't know

Medicare Patients: Signature on File

For the convenience of our Medicare patients and to expedite billing of services to Medicare on their behalf, SOMA Skin & Laser will request and maintain your signature on file.

Assignment of Insurance Benefits

For the convenience of our insured patients and to expedite billing of services to their insurer on their behalf, SOMA Skin & Laser will request that you complete and sign the Assignment of Insurance Benefits form provided.

The patient is ultimately responsible for all professional fees.

Signature: _____ Date: _____

I have read, understood, and agreed to the above financial policy for payment of professional fees.