



FINANCIAL POLICY (revised 01/01/2016)

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

Welcome to our practice. The following is a statement of our financial policy. All patients must complete our Patient Information Sheets before seeing the doctor.

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, unless the package is for longer than 12 months. Packages are not transferable.

For Patients with Insurance: You are responsible to supply our staff with your current primary and secondary insurance identification card(s) at the time of your appointment. Your Insurance policy is a private contract between you and your insurance company. Therefore, it is your responsibility to know if we participate with your insurance plan and what services are covered. If your insurance company requires a referral from your primary doctor, you must present this to our receptionist prior to being seen, as we cannot bill your insurance without it. You are responsible to make sure referrals already on file have not expired or exceeded the maximum number of visits. If your claim is denied by your insurance company you will be required to pay for the visit in full. Copayments are due at the time of service.

We do participate with Medicare. We will submit your claim to Medicare for you. The 20% difference between what Medicare “allows” and what Medicare “pays” will be sent to your secondary insurance if you have one, or to you. You will also be responsible for payment of your yearly deductible.

Laboratory Services: Some services, such as cultures and biopsies, require specimens be sent to an outside laboratory for screening. You may receive a separate bill from the laboratory for these services. If your insurance policy requires use of a specific lab it is your responsibility to notify our office at time of service. You are responsible for payment for all laboratory services not covered by insurance.

Missed Appointments: If you are unable to keep your scheduled appointment, 24 hours’ notice of cancellation is required. Missed appointments or late cancellations will result in a charge of \$30.00. Appointments requiring 30 minutes or more will result in a \$50.00 charge for missed appointment or last minute cancellation.

Collection Policy: Any outstanding balance is due within 30 days of billing. If payment has not been received after 3 consecutive billing cycles your account may be placed with our collection agency. A collection fee of \$50.00 will be added to the unpaid balance upon placing your account in collections.

You are responsible for notifying us of any changes with your insurance, mailing address or phone number.

You will be charged \$20.00 for any check that is returned by our bank unpaid.

Thank you for your cooperation in understanding our financial policy. If you have any questions or concerns, please feel free to ask.

I have read the above SOMA Skin & Laser financial policy. I understand and agree to abide by its terms.

Signature of Patient/Parent/Guardian: _____ Date: _____