

Thank you for choosing PotozkinMD Skincare and Laser Center for your skin care needs. We are dedicated to providing the best possible care and services for you. Knowing your financial responsibility is an essential element of your care. With healthcare costs shifting to patient responsibility, it is essential you understand your deductible and details of your plan.

Please read carefully and sign at the bottom to confirm your understanding.

- 1) Insurance: your visit is filed with the carrier for whom our practice has a valid contract with. It is the responsibility of the patient to provide *accurate insurance information*. **You will be responsible at the time of service for the payment of copays, unpaid deductibles, and past due balances.**
- 2) Skin cancer screenings are generally NOT covered under your “preventative care benefits.” The only cancer screenings covered under the preventative care benefits are: breast, cervical and colorectal cancer screenings. ***Any applicable copays, deductibles and/or coinsurance would apply to skin cancer screening appointments.***
- 3) Self-pay and cosmetic: Payment is expected in full at the time of services.
- 4) Cancellation and Missed Appointments: We understand that unexpected events, illnesses, etc occur. When this happens, call our office as soon possible to inform us of such issues. In the case of missed appointments or cancellations within 24 business hours of the appointment you will be billed a missed appointment fee. ***Cancellations for Monday appointments must be made the Friday morning prior.***
 - a) ***Office Visit- I understand that it is my responsibility to cancel my appointment a minimum of 24 hours in advance of my appointment time and date, otherwise a \$95 fee will be billed to my account which is not covered by my insurance plan.***
- 5) **Credit Card on file:** Recent changes in healthcare markets have altered insurance coverages to shift more of the cost of care to our patients. ***Many policies have higher deductibles which means, even if a procedure is covered by insurance, you may still receive a bill.*** These external factors make it necessary for PotozkinMD Skincare and Laser Center to maintain a credit card on file for all patients. The card information is stored with security--the same HIPAA compliant software that protects your confidential medical information. ***Should you have a balance after your visit, we will bill the card on file. By signing this form you authorize PotozkinMD Skincare and Laser Center to bill your card on file.*** Receipt of any transaction will be emailed at the time of the charge.
- 6) Methods of payment accepted are: Cash, Visa, Mastercard, Discover and personal checks with proper identification (valid Driver’s license or photo ID). A \$30.00 overdraft charge will be added to the insufficient funds amount of any returned checks.

I have read the above financial policies and understand my financial responsibilities as a patient. I understand that failure to make payment when due is the basis for legal action and agree to pay all costs of collection, including court costs and attorney fees.

Patient Name (please print) : _____

Patient or Guardian signature: _____ Date: _____