



FINANCIAL CONSENT TO PAYMENT POLICY

Thank you for choosing Saguaro Dermatology as your Dermatology/Allergy provider. We are committed to providing you with quality and affordable health care. This document outlines our policy for patient and insurance responsibility for services rendered. Please read it and sign in the space provided. A copy will be provided to you upon request.

- 1. PAYMENT** is required for all services at the time they are rendered. All applicable co-payments and/or deductibles will be collected at time of service. We accept checks and credit cards. A fee of \$25 will be assessed for return checks.
- 2. INSURANCE.** Your insurance coverage is a contract between you and your insurance company. Saguaro Dermatology participates in most insurance plans, including Medicare. If you are insured by a plan we do business with, but do not have an up-to-date insurance card, payment in full for each visit is required before your coverage is verified. If you are not insured by a plan we do business with, payment in full is expected at each visit. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions regarding your coverage.
- 3. PROOF OF INSURANCE.** All patients must complete our patient information form before seeing the provider. We must obtain a copy of your photo ID and current valid insurance card to provide proof of insurance. Failure to provide us with the correct insurance information in a timely manner will leave you with full responsibility for the claim.
- 4. CO-PAYMENTS AND DEDUCTIBLES.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company and failure on our part to collect co-payments and deductibles from patients can be considered fraud. Thank you for helping us uphold the law by paying your co-payment at each visit.
- 5. NON-COVERED SERVICES.** Please be aware that some or all of the services you receive may be non-covered or not considered reasonable or medically necessary by Medicare or other insurers. Payment in full for these services will be required at your visit.
- 6. CLAIMS SUBMISSION.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may require you to supply specific information directly. It is your responsibility to comply with their request. Your insurance benefit is a contract between you and your insurance company.
- 7. REFERRAL.** If your insurance requires a referral from your primary care physician (PCP), it is your responsibility to obtain the referral prior to your appointment.
- 8. NO INSURANCE.** If you have no insurance, you will be required to pay for your office visit and performed procedures in full at check out.
- 9. COVERAGE CHANGES.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits.
- 10. NON-PAYMENT.** If your account is over 120 days past due, you will receive a letter stating that you have 15 days to pay your account in full. Please be aware that if a balance remains unpaid, we may refer your account to a collection agency and you and your immediate family members may be discharged from the practice.
- 11. ACCOUNT BALANCES.** For any accounts with credit balances, we will refund amounts due back to you to your credit card or via a check.
- 12. MISSED APPOINTMENT.** If you do not cancel your appointment at least 24 hours in advance, or if you fail to appear for your appointment, we will assess a \$40 missed appointment fee. Please help us to serve you better by keeping your scheduled appointment.
- 13. MOHS SURGERY PATIENTS.** Please be advised that we require at least 24-hour notice to cancel or reschedule a medical appointment. A \$250 fee will be assessed to your account with a cancelation or reschedule of less than 24 hours' notice and will be charged to the credit card on file.

Signature

Date