ALABAMA DERMATOLOGY ASSOCIATES
MEDICAL | SURGICAL | COSMETIC

PATIENT FINANCIAL POLICY

Thank you for choosing Alabama Dermatology Associates as your dermatology care provider. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please carefully review the following information and return this form with your signature and today's date. Your signature indicates that you understand our policy and that you agree to meet all the financial responsibilities explained therein.

Charges incurred for services rendered by Alabama Dermatology Associates are your responsibility, regardless of insurance coverage. Assignment will be accepted for all insurances with which our practice participates. It is your responsibility to provide this office with accurate insurance information, and to notify us of any changes in health insurance coverage. If you have questions on network status/participation with your insurance, it is your responsibility to contact your insurance company directly.

Payment for cosmetic procedures will be required when the procedure is scheduled or at the time the service is provided, at the providing physician's discretion.

Self-Pay Patients are required to pay $100.00 prior to seeing the healthcare provider.

Patients with insurance that is not in our network are responsible for the entire cost of the visit. You will be required to pay $100.00 prior to seeing the healthcare provider. You will be billed on the next billing cycle for any remaining balance.

There is a $25.00 fee for returned checks.

If you fail to keep your **medical appointments,** you will be subject to a $25.00 fee. Missed **procedural appointments** will result in a $100.00 fee. Missed **Mohs appointments** will result in a $250.00 fee. You will be unable to schedule another appointment until the missed appointment fee is paid in full.

We will keep your credit card information on file securely offsite.

Signature of Patient or Legal Guardian: _____

Patient's Name (Please Print): _____ Date: _____