

Knott Street Dermatology Financial Policy

Thank you for choosing Knott Street Dermatology for your dermatological needs. We are committed to providing you with the best medical care possible. This information is provided to avoid any confusion regarding payment for professional services. **Your signature below shows your willingness and understanding to comply with our policy.**

Knott Street Dermatology is pleased to participate in a large number of different insurance plans. While we are pleased to participate in these plans, it is impossible for our office staff to be aware of each plan's specific requirements or to guarantee coverage by any individual plan. Your insurance is a contract between you and your employer and/or the insurance company. While we may be a provider of services, we are not a party to that contract. We will do our best to assist you; however, it is ultimately your responsibility to verify that we are a member of your PPO or HMO network before services are performed (i.e. laboratory testing, surgeries, etc). It is your responsibility to understand and comply with any predetermination of benefits or referral requirements.

It is very important that you, the patient, take an active role in your medical treatment from the day services are rendered until Knott Street Dermatology has been reimbursed for these services by you or your insurance carrier. As with any provider's office, any charges you incur at Knott Street Dermatology which are not paid or adjusted by your insurance carrier will be your sole responsibility.

Insurance copayments are due at time of service and an \$8.00 billing charge is added if copayments are not received at time of service. As a courtesy, we are glad to bill your insurance carrier on your behalf or assist you by providing copies of statements and medical documentation that are required to bill your insurance carrier directly. We understand the high cost of health insurance and we strive to help you receive the benefits to which you are entitled.

We are committed to providing the best treatment for our patients and we charge what we believe to be competitive, reasonable, and customary fees for our region and specialty. We will only hold you responsible for a balance based on the fee schedule set by our contract with your insurance carrier.

Full payment is due at the time of service for elective, non-covered, and cosmetic procedures.

If you have no insurance coverage, or choose to "self pay", we will expect payment in full at the end of your visit and may require new patients to provide a credit card number to hold their first appointment at time of scheduling. A "paid at time of service" discount will be applied to the total bill as a courtesy for prompt payment. We are sometimes able to set up payment arrangements for established patients, but this must be pre-approved by our billing department prior to performing any services and is not subject to any discounts. Checks returned to us as unpaid, will be assessed a \$50 fee in addition to the fees charged by your financial institution.

_____ It is our policy to charge \$50 for missed appointments
(initial)

_____ If you must change an appointment, please do so 24 hours before the appointment time
(initial)

_____ If you do not come to your appointment without cancelling ("no show"), or cancel with less than 24 hours notice, you will be required to provide a credit card number in order to schedule another appointment. On the second "no show" or less than 24 cancellation the missed appointment fee will be collected.

This collected fee will be donated by Knott Street Dermatology to the American Academy of Dermatology fund for children with severe blistering disorders. *Please help us better serve you and our other patients by keeping your scheduled appointment!*

I have read, understand, and agree to the above payment policy. I understand that charges not covered by my insurance company as well as my co-payments and deductibles are my responsibility. Please contact Jennifer, Practice Manager, at 503-253-2675 if you have any questions or concerns.

Print Name

Social Security Number (required)

Signature

Date