



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 signifies 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 be able to participate in these plans it is impossible for our office staff to be aware of each plans 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 presenting to our office for treatment. Your plan may have limitations on the frequency of services performed or where the services may be performed (ie laboratory testing). 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.

As a courtesy, we are glad to bill your insurance carrier on your behalf or assist you by providing copies of bills 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 speciality. 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, we will expect payment in full at the end of your visit. A 30% discount will be applied to the total bill as a courtesy for prompt payment.

It is our policy to charge \$50 for missed appointments. This collected fee will be donated by Knott Street Dermatology to the American Academy of Dermatology fund for children with severe blistering disorders. If you must change an appointment, please do so within 24 hours of the appointment time. Please help us better serve you and our other patients by keeping your scheduled appointments. Checks returned to us as unpaid, will be assessed a \$50 fee in addition to the fees charged by your financial institution.

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