



2018 FINANCIAL, NO SHOW AND LATE CANCELLATION POLICY FOR  
PINNACLE DERMATOLOGY, LLC.

Thank you for choosing us as your healthcare provider. We are committed to providing you with the best possible medical care. Your clear understanding of our practice financial and no show/cancellation policy is important to our professional relationship. The following information outlines your responsibility related to payment and appointment reservation for professional services. In order to keep healthcare costs to an absolute minimum, we have adopted the following policies.

1. At each visit, we will ask to see your insurance card and picture ID.
2. At each visit, we will verify your benefits with your insurance company. It is ultimately the responsibility of the patient to know whether their plan is in network for our practice. The patient needs to be aware of what their plan benefits are and what is covered.
3. At each visit, we will require payment of the following:
  - a. Any plan co-pays
  - b. Any previous old balances
  - c. Current deductible – most insurances are verified in real time. We will inform you of any deductibles that are your financial obligation and request payment of all or part of that deductible at that visit.
  - d. Non-covered and Out of Network medical services that are considered by your insurance company to be non-covered, out of network or not medically necessary will be your responsibility.
  - e. Self-pay patients will be required to pay for services at time of visit.
4. No show and late cancelled appointments:
  - a. Effective April 1, 2018, any established patient who fails to show or cancel/reschedule appointment and has not contacted our office with **at least 24 hour notice** will be considered a No Show and charged an initial \$25 fee.
  - b. Any established patient who fails to show or cancels/reschedules an appointment without **24 hour** notice a second time will be charged \$50 fee.
  - c. If a third No Show or cancellation/reschedule with no **24 hour** notice should occur, the patient may be subject to dismissal from Pinnacle Dermatology.
  - d. The fee is charged to the patient, not the insurance company, and **is due before scheduling patients' next appointment.**

*I have read and understand the Financial, No Show and Late Cancellation Policy and agree to its terms.*

\_\_\_\_\_  
Signature (Patient/Legal Guardian)

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date