



## FINANCIAL POLICY FOR PINNACLE DERMATOLOGY, SC

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 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.

**Insurance:** At each visit we must verify your current insurance. If we are unable to verify insurance coverage, you will be expected to pay at the time of service. It is your responsibility to know your benefits. Please contact your insurance company directly with any questions you may have regarding your coverage.

**Co-payment:** All co-payments must be paid at the time of service. This arrangement is part of your contract with your insurance company. Co-payment and co-insurance are determined by your insurance. We accept cash, check, Visa, MasterCard, American Express, Discover and Care Credit.

**Deductible:** An annual deductible is the dollar amount you must pay out of pocket during the year for medical expenses before your insurance begins to pay.

**Credit Card on File:** For any prearranged payment plans, Pinnacle Dermatology, SC will keep credit cards on file (CCOF). We do not keep any credit card information on file in the office or on any of our computers. We use a secure, encrypted gateway that is completely compliant as required by law.

**Referrals:** If your insurance company requires a referral from your Primary Care Physician (PCP), it is your responsibility to obtain one. If the referral is not sent to us prior to your scheduled appointment you may be asked to reschedule the visit until we have a valid referral on file. It is also your responsibility to ensure that your PCP is listed correctly with your insurance company. If the PCP is not correct at the time of service, you will be responsible to pay for the cost of services rendered.

**Treatment of Minors:** Patients under the age of 18 must be accompanied by a parent or legal guardian to their first appointment to meet the clinician and complete all necessary paperwork. A signed authorization from the parent or guardian allowing our clinician to provide medical treatment is available for subsequent visits. All co-pays or monies due are expected to be paid at the time of each service.

**Determining Guarantor:** The guarantor is the responsible party held accountable for this patient's bill. The guarantor is always the patient if they are over the age of 18. The guarantor for a minor child is the parent that presents the child for care at the time of the initial visit.

**Non-Payment:** If your account is 120 days past due, we will refer your account to an external collection agency. Once the account has been placed with the agency we will add a 30% collection fee that will need to be paid in full along with the past due balance to schedule future appointments with Pinnacle Dermatology, SC. The collection vendor may report your delinquency to a credit bureau and may file litigation in efforts to collect the total balance due. Any litigation fees will be applied to the collection balance.

**Returned Checks:** Pinnacle Dermatology, SC will charge a \$35 fee for any returned checks.

**Missed Appointments:** If you are unable to keep your appointment please notify our office at least 24 hours in advance. Failure to provide 24 hour notice will result in a no-show charge and will be collected to the extent permitted by law or applicable payor contracts. The no-show fee is \$50 for a Monday-Friday regular medical visit and \$100 for Saturday appointments. The no-show fee is \$99 for a cosmetic consultation and \$250 for a cosmetic procedure. No-show charges are not billable to your insurance.

*I have read and understand the Financial Policy and agree to its terms.*

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

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

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

\_\_\_\_\_  
Date

Revised November 2019