



NW DERMATOLOGY
INSTITUTE

Patient Financial Responsibility Form

- The patient (or patient's legal guardian, if a minor) is ultimately responsible for the payment for treatment and care.
- We will bill your insurance for you. However, you are required to provide the most correct and updated information regarding insurance.
- Your insurance carrier may require a referral for you to see one of our medical providers. If so, it is your responsibility to have acquired this before your appointment. If our office does not have a referral at the time of your appointment, you will be asked to pay in full at the time of service or reschedule your appointment.
- Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- Copays are due at the time of service.
- Our office may require a deposit for services and/or may collect an estimated patient responsibility (estimated coinsurance) for an office visit or procedure.
- Coinsurance, deductibles and non-covered items billed to patient responsibility are due 30 days from receipt of billing.
- We expect payment in full at the time of service for all cosmetic services and products. There are no exceptions to this policy.
- Skincare and prescription products purchased in office are non-returnable and non-refundable.
- Patients may incur and are responsible for payment of additional charges, if applicable. These charges may include a charge for returned checks and/or a charge for missed appointments or late cancellations (1 business day for dermatology appointments, 2 business days for laser service appointments, and 3 business days for hair loss treatment appointment).
- Services sold in treatment packages (e.g. laser hair removal) must be redeemed within one calendar year of purchase. If not used within one year, the package will become expired and unusable.

Please note, our office requires a credit card be put on file in order to schedule new appointments for the treatment of hair loss and for appointments scheduled with our laser technicians. Any patient may request to keep their credit card on file. Patient financial information is stored safely and securely.

IMPORTANT NOTICE: Certain office procedures or services may not be covered, or may be considered "not medically necessary", "experimental", or "cosmetic", by your health plan. You are responsible for payment of these services. ***It is your responsibility to know the benefits and limitations of your current healthcare coverage.*** NW Dermatology will provide medically necessary care based on patients' medical needs, not a patient's insurance coverage. **Your medical provider is not responsible for knowing your plan's specific benefit and coverage limitations.**

By my initialing to indicate my understanding of this policy, I hereby authorize assignment of financial benefits directly to NW Dermatology Institute and any associated healthcare entities for services rendered as allowable under standard third-party contracts. I understand that I am financially responsible for charges not covered by this assignment.

I have read, understand, and agree to the provisions of this Patient Financial Responsibility Form.

Name Printed

Signature

Date

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