



FINANCIAL POLICY

Thank you for choosing Oakview Dermatology for your skin care needs. We are dedicated to providing the best possible care and service for you. We realize the challenges with health care costs today and we do our best to inform you of your personal and financial responsibility.

1. **Insurance:** your visit is filed with your insurance carrier. It is the responsibility of the patient to provide accurate insurance and personal information. If your insurance requires a referral, it is your responsibility to provide the referral prior to your visit. You will be responsible at the time of service for the payment of copays and any past due balances.
2. **Self-Pay:** Payment is expected in full at the time of service.
3. **Cosmetic Procedures:** A deposit may be required for some procedures. Additionally, this deposit may be forfeited if you no show without the appropriate 24-hour notice. All payments for cosmetic services and/or products must be made using cash or credit card. Personal checks are not accepted for cosmetic procedures or products.
4. **Cancellations and Missed Appointments:** Cancellations and changes to appointment should be made as soon as possible. If you fail to show up for your assigned appointment without canceling 24 hours in advance:
 - A \$45 no-show fee will be charged for general appointments
 - A \$200 no-show fee will be charged for missed surgical or cosmetic appointments
5. **Request for medical records/forms:** Releasing of medical records is available at a fee dependent upon chart volume. Medical records may be sent to another provider at no charge. Insurance, disability, applications forms, etc. will be a minimum charge of \$10 payable in advance.
6. **Methods of payment accept are:** Cash, Visa, MasterCard, Amex, Discover and personal checks (not cosmetic) with proper identification are accepted. A \$30 overdraft charge will be added to any insufficient funds amount on any returned check.
7. **Auto Pay and Credit Card on File:** Oakview Dermatology securely stores an updated credit card on file for all patients. This information is stored securely with the same HIPAA-compliant software that protects your confidential medical information. Should you have a balance after your visit, after we received your insurance response, you will receive a statement from Oakview Dermatology and be processed for the remaining balance 10 days after the statement is issued.
8. **Pathology and Labs:** A separate charge will be applied for labs and pathology service if your office requires a biopsy or bloodwork. We use PathGroup as our pathology lab and urge you to check with your insurance company about your coverage. PathGroup will process all claims as in-network. Any amount not covered by your insurance is your responsibility.

By signing this form you authorize Oakview Dermatology to bill your insurance and card on file as described above. You agree that you have read, understand and abide by our stated financial policies. I agree to pay Oakview Dermatology's charges for any healthcare services provided to me or my dependent(s), as well as any co-pays, deductibles, co-insurances, or amounts for services not covered.

Print Patient's Name

Date of Birth

Signature of patient or responsible party

Today's Date