



## Payment and Financial Policy

You are responsible for knowledge of your own insurance benefits including (but not limited to) deductible, co-insurance, co-pay details, and (if the doctor you are seeing is listed as participating) in-network, under your insurance plan. All applicable co-payments and deductibles will be collected at the time of service. An administrative billing fee of \$10 will be applied if co-payments are not paid at the time of service. University Skin Institute will file claims with your insurance company, however, you remain responsible for your yearly deductible as well as any remaining copayment. **All balances are due in full within 30 days of my first billing. University Skin Institute reserves the right to charge the credit card on file, if the payment is not received within 30 days after your first billing. Any balance left unpaid after 90 days without attempt at resolution will be considered for collections.** I understand it is my responsibility to contact the office to arrange for an acceptable payment plan should I be unable to pay my balance in full.

In the event that the balance on your account must be turned over to collections a 20% collection fee, plus any attorney / court fees will be added to your balance. In addition, at that time, you will be considered a cash patient for any future visits. Therefore, payment in full will be due at the end of each service session. I am responsible for any bank fees associated with returned check fees plus a \$25.00 administrative processing fee.

We follow the insurance carrier's guidelines for PPO insurance plans. It is your responsibility to provide copies of current and accurate insurance information, including updates and changes in carriers or the primary insured, as well as paying your annual deductible, co-payment, coinsurance, and charges for any non-covered, cosmetic services at the time of the service. Should you fail to provide this information and/or payment, you will be financially responsible for all charges incurred.

For HMO plans, prior authorization is required for all services. In the event of a non-disclosure of HMO status, patient will be responsible for all services. Patient is responsible for all services in the event of retro disenrollment and any services not prior authorized by Medical Group/IPA.

If you have Medicare, PART B only, you are responsible for your Medicare deductible and 20% of the charges at the time of the service. If you have insurance coverage with a plan for which we do not have a prior agreement, we will prepare and send the claim for you on an unassigned basis. This means that your insurer will send the payment directly to you. Consequently, the charges for your care and treatment are due at the time of the service. In the event that your health plan determines a service to be "not covered" you will be responsible for the complete charge. Payment is due at the time of the service. We will bill your health plan for all services provided. Any balance due is your responsibility, and is due at the time of service or upon the receipt of a statement from our office. Your signature below signifies your understanding and willingness to comply with this policy. If you have lab work performed on you, you will receive a separate bill from the lab offices that prep and provide lab results.

We are not a Medicaid/Med-Cal provider. Payment is required for all services at the time they are rendered. We accept payment in the form of cash, check, or credit card.

## Credit Card Policy

We keep a credit card on file to make your experience faultless. Oftentimes, there is a small balance remaining after a visit which is not completely covered by the insurance provider. This system is similar to hotels, rental car companies etc. where a charge card is kept on-file for patient payment responsibilities not known at the time of the office visit. **Credit card information is stored in our PCI-compliant payment gateway**, which employs the most rigorous level of certifications in the payments industry. Once entered, our staff cannot access your credit card number – only the last four digits are visible. You may change the card on file at any time.

## Insurance Cards

New patients or those patients with a change in their insurance information must provide valid insurance card or temporary print out at the time of the visit. Should you be unable to produce this documentation, you must pay in full at the time of service and submit the claim to your insurance carrier at your convenience for reimbursement. I understand by signing below that I am responsible for notifying the office of any changes to my insurance or contact information.



## Referral Information

If a referral is required by my health insurance plan, it is patient's responsibility to obtain the referral from my Primary Care Provider and assure it is available to be presented at the time of my visit. I further understand it is my responsibility to keep track of the number of visits I have used on my referral, and the expiration date of my referral, and to obtain new ones as needed. I understand that should I fail to have a valid referral for my visit, University Skin Institute will reschedule my appointment.

## HIPAA Policy

Health Insurance Policy and Accountability Act is a program that states that all medical records and all other individually identifiable health information used or disclosed by University Skin Institute in any form, whether electronically, on paper, or orally, are kept properly confidential. This Federal Law prohibits any staff member of University Skin Institute from discussing their appointment(s), medications, test results, or treatment plans with anyone other than the patient. We are required by law to maintain the privacy of your PHI and to provide you the notice of our legal duties and our privacy practice with respect to PHI. You have the right to review the "Notice of Privacy Practices" prior to signing this consent.

## Cancellation Policy

In order for us to see patients in the most efficient manner, we depend on our patients to be prompt and notify us 24 hours in advance if there are any issues with keeping appointment times. **Therefore, we will charge a no-show fee of \$50.00 if an appointment is not cancelled at least 24 hours in advance.** In addition, because we value our patient's time, we always strive to run on time. As such, if you arrive more than 15 minutes late for your appointment, you will be asked to reschedule your visit.

Routine cancellations, with the exception of specialized cosmetic procedures (including, but not limited to, Fillers, neuromodulators, and laser) must be made between 9am and 4pm to at least one full business day before your scheduled appointment. If your appointment is on a Monday, notification of cancellation must be made prior. Cancellations must be made over the telephone by speaking directly with our staff. Patients will not be charged for an office visit if cancellation is made as indicated above.

We charge a \$150 cosmetic consultation fee that will go towards any cosmetic treatment done on the same day. We also reserve an extended time for all cosmetic and laser procedures, and therefore, require a deposit to secure your appointment. This deposit will be directly applied towards your treatment costs. However, if you do not cancel your appointment at least 2 business days in advance, you will be considered a no-show, and your deposit will be lost.

## Patient Consent:

I hereby acknowledge that I have read and understood the Notice of Privacy Practices, and give my consent for University Skin Institute to use and disclose protected health information (PHI) about me to my insurance carriers for payment purposes, and healthcare operations. University Skin Institute reserves the right to revise its "Notice of Privacy Practices" at any time.

By signing below, I signify my understanding and willingness to comply with our payment/financial policy detailed above, in addition to the statements below, and authorizes payment of medical benefits to the physician.



**University Skin Institute**  
Medical, Surgical, and Cosmetic Dermatology

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I give my permission for the physician and staff at University Skin Institute to **leave messages on my telephone** answering machine regarding my health care, test results, or appointments.

**Medications and prescriptions** cannot be refilled over the phone if time after visit has exceeded 6 months. I understand that University Skin Institute requires a follow-up visit to determine appropriateness of medication and dosing as well as management of potential side effects to ensure your safety.

I authorize the **release of medical information** to my primary care physician and/or referring physician to process insurance claims, prescriptions, or to complete any other medical operations as necessary.

I authorize the physician and staff at University Skin Institute to **photograph** me and/or my child for medically-related documentation purposes.

*Print Name:* \_\_\_\_\_

*Patient/Responsible Party Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_