

Patient Financial Policy Agreement

North Branch Dermatology LLC is committed to serving our patients with the best medical care and we expect the same commitment from our patients. This includes being on time for your appointment and calling to cancel an appointment if you are unable to make it. If you do not notify us that you will not be able to attend a scheduled appointment a \$25 fee may be billed to you. The patient should be ready to present their current insurance cards at every appointment and making their copay payments at the time of the office visit.

Your responsibility is to provide us with accurate and complete information concerning your primary and secondary insurance medical benefits; including having your referral documents needed at time of service for HMO patients. It is the patient's responsibility to determine if the provider they are scheduled to see in our office is in network with their insurance plan beforehand or if their insurance requires a referral to see that provider. As a courtesy, North Branch Dermatology will file your insurance claim for you. Any deductible, co-insurance or balance left after insurance is patient responsibility to pay.

For services outside of our clinic, like radiology, laboratory, diagnostic testing of any kind and referral to outside surgeons for further treatment, it is your responsibility to know which facility you are required to use. If you aren't sure, please speak with your insurance company to inquire if those services or provider will be covered before scheduling.

I understand that my signature authorizes North Branch Dermatology to bill my insurance for my claim and also authorizes the release of medical information necessary to pay my claim to the payer. This signature is validation of my understanding of the above policy and my responsibilities as a patient.

Patient Name: (Print) _____

Patient Signature: _____

Date: _____