

## **PATIENT FINANCIAL POLICY**

Thank you for choosing *Gainesville Skin Cancer Center at Serenola Plantation*. We are committed to building a successful physician-patient relationship with you. Your clear understanding of our Patient Financial Policy is important to our professional relationship. Please understand that payment for services is a part of that relationship. Please ask if you have any questions about our fees, our policies, or your responsibilities. It is your responsibility to notify our office of any patient information changes (i.e. address, name, insurance information, etc). Payment in full is due the day services are rendered.

### **Co-pays**

The patient is expected to present an insurance card at each visit. Payment of your co pay, deductible and co-insurance is part of your contract agreement with your insurance plan. Our failure to collect payment may be a violation of billing compliance and may be considered an act of fraud by your insurance plan. All co-payments, deductibles and co insurance as well as past due balances are due at the time of your appointment unless previous arrangements have been made with a billing coordinator. We accept cash, check, Care Credit and most major credit cards.

### **Insurance Claims**

Insurance is a contract between you, your employer and your insurance company. In most cases, we are NOT a party of this contract. Not all services are covered by all contracts. We will bill your insurance company as a courtesy to you. In order to properly bill your insurance company we require that you disclose all insurance information including primary and secondary insurance, as well as, any change of insurance information. Failure to provide complete insurance information may result in patient responsibility for the entire bill. Although we may estimate what your insurance company may pay, it is the insurance company that makes the final determination of your eligibility and benefits. If your insurance company is not contracted with us, you agree to pay any portion of the charges above the usual and customary allowance.

### **Minors**

The parent(s) or guardian(s) is responsible for full payment and will receive all billing statements. A signed release to treat may be required for unaccompanied minors.

### **Outstanding Balances**

It is our office policy that all past due accounts be sent two statements. If payment is not made on this account, a single phone call will be made to try to make payment arrangements. If no resolution can be made, the account will be sent to our collection agency, or attorney, and may result in possible discharge from the practice. In the event an account is turned over for collections, the person financially responsible for the account will be responsible for all collections costs including attorney fees and court costs.

*This financial policy helps our office provide quality care to our valued patients. If you have any questions or need clarification of any of the above policies, please feel free to contact us.*

**I have read and understand the payment policy and agree to abide by its guidelines.**

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SIGNATURE OF INSURED OR AUTHORIZED REPRESENTATIVE

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DATE