

WINSTON SALEM DERMATOLOGY & SURGERY CENTER, PLLC

PATIENT FINANCIAL RESPONSIBILITY

The providers and staff at Winston Salem Dermatology & Surgery Center, PLLC appreciate the confidence you have shown in choosing us as your healthcare provider. You are financially responsible for any and all services performed at Winston Salem Dermatology & Surgery Center and it is your obligation to ensure payment in full of our fees. As a courtesy, we will bill your primary and secondary insurance carrier on your behalf. However, you are ultimately responsible for payment of your bill. Please remember that an insurance contract is between the patient and their insurance company, not the Provider. This office does not accept the responsibility for collecting your insurance claim or for negotiating a disputed claim.

As a patient, it is in your best interest to know and understand your responsibility for any co-payment, deductible and/or co-insurance as determined by your insurance carrier contract prior to your visit. Not all services are covered in all insurance contracts. If your insurance plan does not cover a service or procedure, you are liable for full payment of the bill.

For all patients with a co-payment, we expect your co-payment portion to be paid at the time of check-in.

You are responsible for providing proof of insurance at each visit to our office and to notify us if your insurance, benefits, address or phone number(s) have changed. You may be asked to show a Picture ID along with your insurance card.

For patients that do not carry health insurance (Self Pay) and those for whom we do not participate in their insurance plan, payment is expected at the time of the visit. A payment of \$75.00 is required at the time of check-in prior to seeing the Provider. The balance of your visit is to be paid at check-out unless other arrangements are made with the Provider before services are rendered.

If your insurance company requires a referral and/or prior authorization, it is your responsibility to contact your primary care physician prior to your appointment at our office. Failure to provide a referral and/or prior authorization may result in your appointment being canceled or you being responsible for the full payment of your bill.

For patients with health insurance, once your insurance company has responded to our claim you will be billed accordingly. Payments are due upon receipt of your statement. Accounts over 90 days past due may be turned over to collections and our office may cease providing services to you. If you receive a statement that your insurance company has not paid for a claim, you should contact your insurance company to ask why a payment was not made.

In the unlikely event your payment is returned to us unpaid, we may re-present your payment to your financial institution. We may also collect a return processing charge, in an amount not to exceed that permitted by North Carolina state law.

In order to provide the best service to all our patients we require 24 hours advanced notice if you are unable to keep your appointment. A \$25.00 missed appointment charge may be assessed if your appointment is not canceled within the required time frame. These charges are not payable by your insurance company and will remain on your account until paid. Patients with two consecutive missed appointments or those who accrue three missed appointments in one calendar year may be dismissed from our practice.

I have read the above and understand the statement of Patient Financial Responsibility:

Patient Name

Date

Patient/Guardian Signature