



Office Financial Policy

At Tidewater Dermatology, LLC, we are committed to providing you with the best possible care. We appreciate the confidence you have shown in choosing us to provide your dermatologic healthcare needs. The services you have elected to participate in imply a financial responsibility on your part. The responsibility obligates you to ensure payment in full of our fees. If you have insurance, please keep in mind that your insurance is a contract between you and your insurance company. As a courtesy, we will verify your coverage and bill your insurance carrier on your behalf. However, our office cannot guarantee that your carrier will pay your claim, and ultimately, payment of your bill is your responsibility.

You are responsible for payment of any co-pay and deductible as determined by your contract with your insurance carrier. Payment is due prior to services being rendered, unless other arrangements have been made prior to receiving these services. You are responsible for any amounts not covered by your insurer, including but not limited to, charges not paid as a result of termination of coverage at time of visit, a non-covered benefit per your insurance plan, a cosmetic procedure, or lack of a referral from your primary care physician should one be required. Our office will not enter into a dispute with the insurance carrier over a claim. We will, however, be happy to assist wherever possible.

Authorization

I authorize Tidewater Dermatology to apply for benefits on my behalf for the services I have received and to release any pertinent medical information to my insurance carrier. I authorize payment of all medical insurance benefits which are payable to me under the terms of my insurance policy to be paid directly to Tidewater Dermatology for services rendered. Furthermore, I certify that the insurance information that I have provided is accurate and understand that if it is not up to date that I will be financially responsible for the services provided.

I understand that I will be responsible for any collection agency, attorney fees and court costs incurred from an overdue account as outlined in the Collection Policy below.

All cosmetic services and/or product purchases are payable at the time of service. If I am a Medicare patient, I understand that in certain circumstances under Medicare law, Medicare may decide that services are not medically necessary or are cosmetic in nature. Since Medicare will deny payment for these services, I agree to be personally responsible for payment of these charges. If I am self-paying, I understand that payment is due at the time of service.

Cancellation Policy/"No Show" Policy

We understand that sometimes you are not able to keep your scheduled appointment due to unforeseen circumstances. Tidewater Dermatology requires a 24-hour notice when cancelling an office appointment, and 48-hours notice when cancelling a surgical or cosmetic appointment. Appointments can be cancelled by calling our office; messages can be left 24-hours a day.

I understand that I may be liable for a charge of \$35 if I fail to cancel with appropriate notice or if I "no show" for an appointment. Missed appointment charges must be paid in full prior to rescheduling; a credit card guarantee may be required for subsequent appointments.

Return Check Policy

Tidewater Dermatology charges \$35 for all returned checks.

Collection Policy and Agreement

I understand that if I do not pay my bill, I will owe and agree to pay reasonable collection costs which will be added to the balance due by me to this office and become part of the overall balance due by me to this office representing additional expenses incurred by the Provider in delivering services to me and collection and maintaining my records including but not limited to reasonable attorney's fees and court costs.

The patient and/or guarantor or responsible party shall be responsible for and agree to pay all reasonable collection costs including but not limited to, reasonable collection fees (not to exceed 35%), attorney's fees and court costs. Such fee represents administrative, accounting, bookkeeping, account maintenance, legal and management fees associated with delinquent accounts.

If payments due are not made as agreed, Provider may without notice or demand declare the entire unpaid balance of the account including collection costs agreed to herein to be immediately due and payable. If court action is necessary to enforce payment hereunder, the venue for any such court action shall be Wicomico County, Maryland unless Provider elects otherwise. The undersigned waives any objection to venue or jurisdiction. A copy of this Agreement shall be as valid as the original.