

PLACER DERMATOLOGY

& Skin Care Center

9285 Sierra College Blvd., Roseville, CA 95661

Phone (916) 784-3376 Fax (916) 784-9500

If possible, please fax, send,
or bring completed forms
with you to the appointment.

Practice Policies and Financial Responsibility

Patient Name: _____ Date of Birth: _____

In order to establish optimal relations with our patients and avoid misunderstanding and confusion regarding our payment policies, our staff is trained to inform you of the financial payment policies of this office. Payment is required for all services at the time they are rendered unless you are in a prepaid plan in which we participate. Obtaining referral forms or pre-authorization is the responsibility of the patient. In the absence of appropriate referrals or pre-authorization, the patient is responsible for payment of services. For those patients, applicable, copayments and deductible will be collected at the time of service. We accept payment in the form of cash, check, debit or credit card. In the event of a surgical procedure, our office will file with the appropriate insurance. However, before such claims are filed, coverage will be pre verified and you will be asked to pay for any unmet deductible, non-covered services and copayments.

For Patients with Insurance

We bill most insurance carriers for you if proper paperwork is provided to us. We will also bill most secondary insurance companies for you. Copayments and deductibles are due at the time of service. Since your agreement with your insurance carrier is a private one, we do not routinely research why an insurance carrier has not paid or why it paid less than anticipated for care. If an insurance carrier has not paid within 60 days of billing, professional fees are due and payable in full from you.

Medicare Patients

We will bill Medicare for you. We will also bill secondary insurance carriers for you. All copayments or deductibles are due and payable at the time service is provided.

Surgery Fees

All co pay, deductibles, and payments for non covered surgical procedures are due prior to your surgery. Prior authorization may be required by your carrier.

Non covered Services

Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or upon notice of insurance claim denial.

Collections

If past bills are sent to collections, a minimum charge of \$25 will be added (plus any finance charges incurred by the collections company).

Personal Injury Cases

This office does not bill for auto accident or other liability or lawsuit-related cases.

You are responsible for payment at the time of service. We do not accept liens.

Yearly Skin Screenings

Periodic preventive skin screenings may or may not be covered under your health insurance policy; however, they may be recommended by your physician.

Appointment Guidelines

There will be absolutely no charge for your need to reschedule an appointment, provided we receive a **48 hours** notice. This courtesy will provide us with the opportunity to give this time to another patient waiting to be seen. Failure to reschedule an office visit will result in a \$50 fee which is not billable to insurance. Failure to cancel a surgery visit will result in a \$100 fee which is not billable to insurance.

Please check one:

I have paid my insurance deductible for this calendar year.

Yes No Don't know

Medicare Patients: Signature on File

For the convenience of our Medicare patients and to expedite billing of services to Medicare on their behalf, Placer Dermatology will request and maintain your signature on file.

Minors

By law, patients under 18 years of age must be accompanied by a parent or legal guardian.

Copies of your Medical Record may be obtained with written consent. The charge for this service is \$10.

I have read, understand, and agree to adhere to the practice policies above. I also understand and agree that such policies may be amended by Placer Dermatology as needed.

Signature: _____ Date: _____