

## Acknowledgement of Financial Responsibility

Pacific Dermatology provides both medical services covered by insurance and non-covered services that insurance will not pay for. You may receive both types of service during one visit. Even if you have insurance, you may still have to pay some or all of the cost of your treatment. This is because of the copay, coinsurance and deductible of your individual policy.

If you do not have your insurance card with you, we require your social security number. If you have a copay, it is due before you see the provider. If you are concerned about your ability to pay any charges, we are happy to discuss this with you before your treatment. It is your responsibility to know your insurance benefits. We urge you to call your insurance company at the telephone number on your insurance card if you do not know what your responsibilities are.

We will bill your insurance company for any covered services. If you receive non-covered services, you are responsible for paying that bill before you leave the office. For example, you may have skin tags removed, a non-covered procedure you would pay for, but your insurance will be billed for the examination that looked for skin cancer or other medical conditions.

After we receive any insurance payments, we will bill you for the the balance, if any, of the amount allowed by your insurance company.

If you are a surgical patient, you may be charged a facility fee. All Mohs patients whose wound is repaired (stitched up) here will be billed a facility fee. This covers our expenses for maintaining and operating our ambulatory surgical center. (The doctor's payment is reduced for procedures performed in an ambulatory surgery center.)

Insurers consider procedures in an ambulatory surgical center out-patient surgery. Some insurance plans require an increased coinsurance payment for these procedures – **Medicare does not.**

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Cosmetic consults are meetings with a provider to discuss possible cosmetic treatments. If your questions result in discussion or treatment of a medical nature, for example about acne, melasma, rosacea or a mole, the visit is not a cosmetic consult and your insurer or you will be charged for an office visit.

Payment for all non-covered services is required at the time of service. We do not bill for these services.

By signing this acknowledgement you agree you are financially responsible for the services you receive and that you will pay your bill promptly. Bills unpaid after 90 days will be sent to our collection agency.

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Signature of Patient or Responsible Party

Date

**No treatment will be performed until this document has been signed. It will be filed permanently in your medical record. We will be happy to provide you a copy if you want one.**