

## Financial Policy

Payment is required for all services at the time they are rendered unless you have an insurance plan with which we participate. Applicable co-payments, co-insurances, and deductibles will be collected at the time of your visit. Private insurance billing will be performed as a courtesy to our patients. Additional tests run either in the office or at an outside facility, i.e. pathology, laboratory, radiologic or other diagnostic tests may be billed separately in addition to the office visit. Payment is required at time of service for all cosmetic procedures. For your convenience, we accept cash, checks, Visa, MasterCard, American Express, and Discover. At your request, a copy of this document can be made available to you.

Regardless of insurance coverage, verification of benefits, or contracts with insurance, THE PATIENT IS ULTIMATELY RESPONSIBLE FOR PAYING for the services rendered. This contract is between you, the patient, and Annie Chiu, MD, Inc. **Claims that are denied for lack of authorization/coverage/eligibility, or lack of medical necessity as determined by your insurance or out-of-network benefits will be the responsibility of the patient.** It is the patient's responsibility of notifying the office of changes in insurance eligibility or coverage.

Any outstanding balance not paid by insurance is expected to be paid in full within 30 days. Unless a payment plan has been arranged, all unpaid balances over 90 days will be turned over to a collection agency. You will be responsible for all collection costs, including court/attorney fees, and a 40% collection fee.

**Missed Appointments:** We require 24-hour notice of appointment cancellation.

Appointments missed and are not previously canceled may be charged a fee of \$100.00

**Returned Checks:** The charge for a returned check is \$45. This will be applied to your account in addition to the insufficient funds amount.

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### Your signature below:

- Signifies your understanding and agreement to above policy, and your responsibility to pay for all applicable fees on the day of service and any balances not covered by insurance.
- Authorizes the release any information, including the records of all visits provided at The Derm Institute, for the purpose of processing your claims to insurance.
- Authorizes your insurance company to assign benefits directly to Annie Chiu, MD or her associates, the amount due in your pending claim.

*Your signature also authorizes the payment of insurance benefits to be made on your behalf to The Derm Institute or Annie Chiu, MD for services furnished to you by Dr. Chiu and her staff. Your signature authorizes medical information about you needed to determine these benefits to be released to insurance, CMS and/or its agents. Co-insurance and deductibles are based on the determination of your insurance.\*Cancellation Fee and Return Check fee subject to change without notice\**

Patient/Guardian Signature \_\_\_\_\_

Patient Name (printed) \_\_\_\_\_ Date: \_\_\_\_\_