

## Financial Policy

Payment is required for all services at the time they are rendered. The Derm Institute is not currently accepting any commercial insurance plans. Any consultations for medical or cosmetic issues will have an associated consultation fee collected at the time of your visit. An itemized receipt can be made available at your request.

Applicable payments for *medical* consultations and procedures performed at The Derm Institute will not be billed to insurance but will be an out-of-pocket expense and out-of-network. 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.

For your convenience, we accept cash, checks, Visa, MasterCard, American Express, and Discover. CareCredit financing may be used subject to a minimum balance. At your request, a copy of this document can be made available to you.

Regardless of whether you have 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 you want submitted for any out-of-network benefits will be the responsibility of the patient. A copy of your Health Insurance Claim Form can be made available at your request.

Unless a payment plan has been arranged, all unpaid balances over 30 days will be turned over to a collection agency. You will be responsible for all collection costs, including court/attorney fees, and a 30% collection fee.

**Cancellation Policy\*:** We require a minimum of **24-hour notice** for appointment cancellation. Cancellations, rescheduling, or no-shows to your appointment after the 24-hour window will result in a fee of \$100 for your first missed appointment, \$150 for your second, and \$200 thereafter.

**Returned Checks\*:** The charge for a returned check is \$50. 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 outstanding balances.
- Authorizes the release any information, including the records of all visits provided at The Derm Institute, for the purpose of processing your claims for insurance if needed.

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

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

\*Cancellation Fee and Return Check Fee subject to change without notice.