

Johnson Dermatology's Financial Policy

Johnson Dermatology is committed to serving our patients with efficient, quality, compassionate, comprehensive, patient-centered skin care. We expect a great relationship with our patients as well as prompt payment for services. You are ultimately responsible for your bill.

Payment **in full** is required at time of service for cosmetic and non-insurance covered services, and patient pay services. Co-payments and deposit towards unpaid deductible is required.

- For surgical procedures scheduled in advance a deposit for the estimated patient pay responsibility will be due at time of service.
- **There will be a \$75 per procedure deposit for any other routine dermatology procedure due on day of services to be applied to the total amount assigned as patient responsibility by your insurance carrier.**

Accurate and complete information concerning your primary and secondary insurance, including referral documents from other providers must be provided at time of service.

- As a courtesy, JD will file your primary & secondary insurance claim when presented at time of service. We will not file tertiary insurance.
- Johnson Dermatology's willingness to file to the insurance presented does not guarantee the facility or provider is currently listed as in-network status with the carrier.
- If no insurance card is presented at time of service or we are unable to verify coverage, a minimum payment of \$150.00 and credit card on file will be required.
- All accounts for a household will be linked together.

There is a fee of \$150.00 for missed as well as reschedule or cancelled appointments with less than a 24 hour notice. \$200 for missed surgery or cosmetic appointments.

- If you have already missed an appointment, a deposit or CCOF is required to schedule another appointment.

All reasonable attempts will be made to obtain payments for services.

- Payment in full is due upon receipt of electronic statement via text unless arrangements are made with the billing office.
- One electronic statement will be sent via text.
- **For patients requesting a paper statement one per date of service will be provided at no charge. Any additional paper statements will incur a \$5 administrative fee.**
- One phone notification via automated system.
- If payment is not received, the balance will be sent to an outside collection agency which could cause accrual of additional fees of 30-50% of the account balance. The patient will be blocked from further clinic services.

You may request a credit card be kept on file (CCOF). I authorize Johnson Dermatology to keep the credit card on file ending in the last 4 digits: _____ exp: _____ as a convenient method of payment for the portion of services that my insurance does not cover or for missed appointment fees. Credit card information is kept confidential and secure. This authorization will remain in effect until I cancel this authorization.

The financial policy will be enforced by all clinic personnel. Please use your patient portal to message us with any concerns or questions.

By my signature I certify that I have read the four sections above, and agree to the above statements. Patient

Name (please print): _____

Authorized Rep: _____ Relationship to Patient: _____

Signature: _____ Date: _____