

Johnson Dermatology's Financial Policy

1. All patients are required to complete Johnson Dermatology Patient Registration Form, Consent to Treatment, Insurance Forms, and information before clinic services are offered.
 - a. These forms will be scanned into the patient chart under documents
2. All patients are required to pay for services performed.
 - a. Payment is required at time of service for Cosmetic and Patient Pay.
 - b. Co-payment is required at time of service.
 - c. Deposit of \$50.00 towards unpaid deductible.
 - d. Co-payments and Deposits will be entered in the unapplied credits and tracked in the billing journal as appropriate.
3. Insurance will be filed for all primary insurance plans when information is given.
4. As a courtesy, insurance will be filed for all secondary insurance plans. We will not file secondary insurance when Medicaid is the secondary insurance and Medicare is not the primary insurance plan.
5. We will not file tertiary insurance.
6. We reserve the right to assess a fee of \$50.00 for missed appointments or those not cancelled 24 hours prior.
7. Messages for payment will be entered on encounter form
 - a. Co-payments will be listed
8. A \$5.00 fee will be added for each:
 - a. Billing Cycle (approx. 30 days) that a balance is left unpaid after a statement has been sent to the patient.
 - b. Copayments not paid at time of service.
9. All reasonable attempts will be made to obtain payments for services.
 - a. Two statements will be sent
 - b. One phone notification via Televox.
 - c. Final Notice will be sent
 - d. Without payment, the balance will be sent to an outside collection agency and the patient will be blocked from further clinic services.
10. The financial policy will be enforced by all clinic personnel. Please direct any concerns or questions to Sandra Johnson MD (General Manager) and Lynne McCartney CDC (Billing Manager).

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

Printed Name of Patient or Responsible Party: _____

Signature: _____ Date: _____