Metrolina Dermatology
and Skin Surgery Specialists

Notice of Privacy Practices, Financial and Cancellation Policies

Date: _____

Full Name: _____ **DOB:** _____

Thank you for choosing Metrolina Dermatology and Skin Surgery Specialists. The following is our notice of privacy practices, financial policy and cancellation. Please review the policy, initial where indicated, sign and date at the bottom.

Notice of Privacy Practices: We are required by law to provide you with a copy of our Notice of Privacy Practices. To ensure that our records are accurate, please sign this form and return it to our staff to acknowledge that you have been provided a copy of our notice.

Paperwork: We request you routinely update your paperwork to ensure we have all the correct information on hand for billing purposes and to ensure excellent clinical care. This paperwork allows us to bill insurance in a timely manner and from preventing balances being unnecessarily transferred to you, the patient. We understand the frustration of completing paperwork and are constantly evaluating different methods to reduce the burden on you.

Missed appointments/Cancellations: We request a 24 hour advanced notification of cancellations and reschedules. We try to notify all patients of upcoming appointments using our computerized calling system and/or by reminder phone calls directly from the office. Unfortunately, we do experience errors with the system from time to time. **There is a $30 no-show fee for dermatology appointments and $150 fee for all surgical and cosmetic appointments if not cancelled before 24 hours**. Three (3) no-shows/late cancellations (less than 24 hours) will result in dismissal from our practice.

Initial: _____

Insurance: Our practice is contracted with most commercial insurances and Medicare. We do not accept Medicaid. As a contracted provider, we agree to accept adjusted fees from your insurance company and bill in accordance with CPT and ICD 10 guidelines. We collect co-pays at the time of visit. Deductibles and other outstanding balances will be billed to you, after your insurance company has processed your claim. We are unable to determine prior to your visit what charges will be applied to your deductible. The patient is responsible for providing the most up to date insurance information prior to, or at the time of service. Patient is responsible for payment of services rendered in the event the incorrect insurance information was provided at the time of service.

Initial: _____

Cosmetic Procedures: For all cosmetic and laser procedures, **payment is expected in full at the time of procedure. We have a $150 no show fee (less than 24 hours) for all cosmetic appointments.**

Initial: _____

Lab Fee: Metrolina Dermatology and Skin Surgery Specialists use an outside laboratory for pathology services. The lab will bill you directly for these services.

Initial: _____

Patient is Responsible for Total Charge: Patients will be billed in full for any unpaid copayments or deductibles. Patient balances will be set by the adjusted rates as determined by our contract with your insurance company. In accordance with our contracts and Medicare guidelines we cannot make adjustments to these fees or the codes charges. If your insurance requires a referral and the necessary referral was not obtained prior to services rendered, the patient (or party responsible for billing as listed below) is responsible for total payment of services rendered. Any remaining balance must be paid before being seen for future appointments.

Initial: _____

My signature below indicates that I have read and agree to the above written Notice of privacy practice, financial policy, and cancellation policy of Metrolina Dermatology and Skin Surgery Specialists. I authorize release of any medical information necessary to process any claims filed

_____ _____

Signature of Patient (or Legal Representative) Date