FINANCIAL POLICY

Thank you for choosing Armstrong Dermatology and Skin Cancer Center P.A. as your healthcare provider. We are committed to making your treatment here a success. Along with providing you with quality service, Armstrong Dermatology would also like to assist you with your billing needs.

Any change in home address, phone number, insurance information, or a change of primary doctor must be given to us prior to your appointment. Charges incurred if this information is not given will be patient responsibility.

Our billing office will make every effort to maximize your insurance reimbursement and expedite payment of your claim. Please read the insurance categories below and initial the insurance category that pertains to you.

_____1. SELF PAY: Payment is due at the time services are rendered, unless prior arrangements have been made. Armstrong Dermatology will accept cash, checks, Visa, MasterCard, American Express, and Discover.

_____2. MEDICARE ONLY: As a participating provider, we will bill Medicare for you. However, you will still be responsible for the 20% that Medicare does not cover. Not all services are covered by Medicare.

_____3. MEDICARE / SUPPLEMENTAL INSURANCES: Armstrong Dermatology will file to your secondary insurance. However, claims denied, rejected or partially paid by your supplemental carrier will be your responsibility in 30 days.

_____4. HMO PLANS: Armstrong Dermatology will file to your insurance company. All co-pays must be satisfied each and every visit. You are responsible for making sure proper referral information and authorization had been obtained from your primary care physician in advance of your appointment.

_____5. PPO PLANS: Armstrong Dermatology will file to your insurance carrier. All co-pays, co-insurance, and deductibles will be your responsibility.

Usual and Customary Policy: Our practice is committed to providing the best treatment for our patients and we charge what is usual and customary for our area. If you are covered by an insurance plan with which we do not have a contract, you are responsible for payment regardless of the insurance company's arbitrary determination of rates.

Minor Patient Policy: The adult accompanying a minor patient or the parents or guardians of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless charges have been pre-authorized to an approved credit plan or payment by cash or check at the time of service has been verified.

Interest and Re-billing Fee: Should your account balance require the assistance of an outside collection agency, it is understood that the balance may accrue a monthly interest fee and you will be responsible for any costs incurred in collection of said balance should that become necessary.

I have read this Financial Policy and understand the billing procedures of Armstrong Dermatology and Skin Cancer Center P.A. I agree to pay any balances that are my responsibility. Balances unpaid will result in collection actions.

** You will also be billed by the laboratory for any procedures involving pathological evaluation.

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Signature of Patient or Responsible Party Print Name Date