

Metropolitan Dermatology Financial Policy Statement

To help our patients understand our billing process, we ask that you read and sign our Financial Policy.

Metropolitan Dermatology will submit claims to insurance companies with which we participate. Proof of insurance must be provided at the time of service, along with any necessary authorizations/referrals. Depending upon your individual policy, your coverage, your deductible and/or co-insurance requirements, you may have a balance **after** insurance. You are still responsible for paying any balance as indicated by your carrier, as well as any non-covered services under their contract. Once payment has been made or payment has been denied by an insurance company you will be responsible to pay the balance. Co-pays are due at the time of the visit. Without proper documents you may be required to make full payment.

It is your responsibility to maintain your account in good standing, regardless of insurance or any other circumstances (such as litigation). If your account is submitted to collections, you will be responsible for all costs associated with collecting owed balances including but not limited to: collection agency, attorney and court fees. The collection fee may be up to 50% of your account balance.

Please be aware that Metropolitan Dermatology will not become involved in disputes between you and your insurance carrier regarding covered charges, secondary insurance issues or "usual and customary" charges other than to provide factual information requested by the insurance carrier.

Metropolitan Dermatology asks if you need to cancel or change a surgical or cosmetic appointment, please contact our office at least 24 hours before your scheduled appointment. Failure to do so will result in a cancellation fee of \$50.00.

Requests for completion of disability forms, reports, or other paperwork will require a prepayment. Metropolitan Dermatology reserves the right to charge \$10 per disability form, regardless of work status deemed appropriate by the completing provider and must be paid at the time the form is dropped off. Please also be advised that forms will be completed within 7 business days. Please be sure to make clear to the office how you wish to have the form returned, if that information is not specified the completed forms will be returned by the USPS mail to the patient address on file.

THANK YOU FOR REVIEWING METROPOLITAN DERMATOLOGY'S FINANCIAL POLICY STATEMENT.

I acknowledge that I have read and agree to the above Terms and Condition:

Print Name: _____

Signature: _____ **Date:** _____