



# The Dermatology Center, PSC

## **Medicare Authorization**

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carrier any information needed for this or a related Medicare Claim. I permit copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or the party who accepts assignment. Regulations pertaining to Medicare assignment of benefits apply.

Patient or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Insurance and Billing Information Agreement**

### **Insurance Claim Filing Procedures**

Our office will file a claim on your behalf to your insurance carrier. You will be responsible for any co-pays, deductibles or non-covered services. Secondary claims will be filed one time by our office. If no payment is paid by the secondary carrier the balance becomes the responsibility of the patient or guardian. I assign insurance benefits to The Dermatology Center, PSC, in order to bill and receive payments on my/dependents behalf. The patient gives The Dermatology Center, PSC permission to call their cell/home phone regarding but not limited to billing, balances due and/or insurance matters. It is the patients/legal guardian's responsibility to provide accurate, current information at the time of service. If this is not provided the patient and/or legal guardian will be responsible for the bill.

### **Referrals**

If your insurance company requires a referral it is the patients and /or legal guardians responsibility to obtain their referral from their PCP and/or insurance company. If we do not have your referral in place at the time of your appointment your appointment will be rescheduled.

### **Procedure Patients**

If you are having a procedure performed today, please be aware that there will be a separate laboratory and/or pathology charge that will be billed separately to your insurance carrier.

### **Minors**

Any patient under the age of 18, must have a **LEGAL** guardian accompany them to their appointment.

### **Collections**

In the event that your account must be turned over to a collection agency, a \$50.00 administrative fee will be added to your account

### **No Show Appointment**

Our office requires 24 hour notice of an appointment cancellation. If an appointment is not cancelled within their 24 hour notice, then a \$20.00 no show fee will be charged to your account. If you miss 3 appointments within a year, you will be dismissed from the practice.

### **Cosmetic Procedures**

Our office requires a \$75.00 deposit for all cosmetic consultations and cosmetic procedures at the time of scheduling the appointment. If the patient is able to have the cosmetic procedure performed, the \$75.00 deposit will be used towards the cosmetic procedure. If the cosmetic procedure is not able to be performed, the \$75.00 deposit will be used for the cosmetic consultation. If the patient no shows to their appointment, the \$75.00 deposit will be forfeited.

Patient or Responsible Party Signature \_\_\_\_\_ Date \_\_\_\_\_