Seraly Dermatology

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McMurray, PA 15317
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www.drmarkseraly.com

PATIENT FINANCIAL AGREEMENT

Patient Responsibilities

- You are responsible to provide us with accurate billing information for each family member at the time of service.
- You will be asked to provide us with a correct/current address and telephone number. It is important that we have accurate information on the guarantor. (Person financially responsible for the insurance and payments)

Copayments

- Your insurance company requires you to pay your copay at the time of each visit.
- Your copay may be paid with cash, check or credit card.
- If your child comes for an office visit without a parent, you are still responsible for the copayment at the time of the visit.
- If your check is returned a $25.00 returned check fee will be assessed.
- ***Patients that confirm appointments, either by email, phone or text, and subsequently no show for their appointment will be charged a $50 no show fee.***
- ***Patch appointments are billed a $40 no-show fee if not cancelled 24 hours in advance.***
- ***Saturday appointments are billed a $50 no-show fee if not cancelled 24 hours in advance.***
- If you do not have insurance coverage, you will be expected to pay at the time of your visit.

Deductibles

- It is your responsibility to understand any deductibles that may apply to you under your Insurance policy.
- You will receive a statement from us for the amount your insurance company has determined is applied to your deductible and is owed by you.

Insurance Information

- It is your responsibility to ensure that we have accurate insurance information. Presenting an invalid or inactive insurance card will result in full payment by you.
- Medical insurance does not always cover the entire cost of your medical care. If we believe a service we offer is not covered by your insurance coverage, we will tell you. In some instances, however we do not learn that a service is not covered until after we submit a bill. You are responsible for payment if your insurance company refuses to pay for a service.

Medicaid Insurance

- Mark P. Seraly, MD, PC providers do not participate with any Medicaid insurance plans. If Medicaid is your primary insurance you will be required to pay for your visit based upon our self-pay fee schedule. If Medicaid is your secondary insurance, we will bill your primary insurance and any balance remaining for deductibles, copays or co-insurance will be billed directly to you and you will be financially responsible for payment. We do not participate with Medicaid and cannot bill them. By signing this form, you consent that you were made aware of our policy prior to being seen and that you are accepting full financial responsibility for any and all charges not covered by your primary insurance.

Assignment and Release

I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize the doctor to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all insurance submissions. I agree to pay any out of pocket expenses in full to Mark P. Seraly, MD, PC within thirty days from today's date for uncovered or denied services by my presented insurance coverage.

SIGNATURE____ DATE____________________

PRINT NAME ______________________________________ DOB: ___________________