PATIENT FINANCIAL POLICY AND ACKNOWLEDGEMENT

SUTTON
DERMATOLOGY + AESTHETICS

Insurance card is required to be presented at each visit, or you will be asked to reschedule your appointment.

All co-payments are due at the time of check-in or you will be asked to reschedule your appointment.

For high deductible health care plans, percentage plans, or no co-pay plans a $50.00 payment may be required and will be applied to your deductible/co-insurance.

If there is no insurance coverage, full payment for your services will be required, or you will be asked to reschedule.

Please note: Some insurance plans apply a co-pay for your office visit and an additional (separate) co-pay for your pathology or surgical procedure charges.

We reserve the right to pre-collect on any medical condition which may not be covered by insurance.

All past due balances are due prior to your appointment or to be paid when you check in.

You will receive a billing statement once your insurance company has processed the claims for your service. Payment in full is expected upon receipt of your statement. Unpaid balances may be turned over to a collection agency. Any account placed with collections will result in future services to be paid in full at the time of services.

INSURANCE PLANS: Sutton Dermatology + Aesthetic participates with all major health plans. However, an occasional health plan may not offer participation to physicians in this area. It is your responsibility to make sure the provider you are seeing is a participating provider with your health plan. Some health care plans may not cover services such as removal of benign or non-irritated growths. These would be considered cosmetic/elective and payment is due at the time of treatment. You are responsible for following up with your insurance company regarding payment on your claim. Your insurance is a contract between you and your insurance company.

*By Federal Law and Managed Care Contract law, Sutton Dermatology + Aesthetics is required to collect co-payment, deductible and co-insurance for each encounter. Penalty for not following requirement could result in the termination and cancellation of medical coverage for the patient. *

I understand this financial policy and understand I am responsible for payment of the services provided by Sutton Dermatology + Aesthetics.

Patient Signature: _____ Date: _____

Patient Guardian: _____ Date: _____

9/2019