



## PATIENT FINANCIAL ACKNOWLEDGMENT

### THE FOLLOWING IS DUE AT THE TIME OF SERVICE:

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, or no co-pay, 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.*

Non-covered charges (those considered to be cosmetic or elective by your insurance company) are due at the time of Check-OUT.

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, or may be turned over to a collection agency.

**INSURANCE PLANS:** Sutton Dermatology + Aesthetics 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.

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: \_\_\_\_\_