



## **PATIENT FINANCIAL ACKNOWLEDEMENT**

### **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**

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

**In addition to your co-pay, if have not met your annual deductible, you will be required to pay \$100.00, AND your co-pay, or asked to reschedule your appointment.**

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

**All past due balances are due prior to your appointment or paid at 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: \_\_\_\_\_**