



Patient Financial Responsibility Policy

Thank you for choosing Duncan Dermatology for your healthcare needs. We are committed to providing you with the highest quality healthcare. We ask that you read and sign this form to acknowledge your understanding of our patient financial policies.

Insurance Billing & Payments

We collect insurance co-pays at the time of service; for uninsured patients or, for procedures not covered by insurance, we collect payment in full at the time of service. We accept cash, checks and credit card payments for your convenience and can maintain a credit card on file for patient balances due after insurance payments are received.

Fees

The practice is committed to providing the best treatment for patients and we charge standard fees for our area.

Patient Financial Responsibilities

- To bill your insurance; we require the most recent and updated information regarding insurance coverage at each visit.
- The patient (or patient’s guardian, if a minor) is responsible for the payment for treatment and care even if insured.
- Patients are responsible for payment of copays, coinsurance, deductibles and all other procedures or treatment not covered by their insurance plan.
- Copays and cash pay procedures/products are due at the time of service.
- Coinsurance, deductibles and non-covered items are due 30 days from receipt of billing.
- Patients may incur, and are responsible for payment of additional charges, if applicable. These charges may include returned check fee and missed appointment/no show fees. Please provide 24-hour notice to avoid this charge.

By my signature below, I acknowledge that I have read and understood this Financial Policy and hereby authorize assignment of financial benefits directly to Duncan Dermatology. I also understand that I am financially responsible for charges not covered by this assignment of benefits.

Signature of Patient or Patient’s Representative:

Date:

Name of Patient