

FINANCIAL POLICY - MINOR

At Knott Street Dermatology, we are committed to providing you with the best medical care possible. The information below is provided to avoid any confusion regarding payment for professional services.

Knott Street Dermatology is pleased to be participating on many different insurance plans. While we do participate in many plans, **it is not possible for our office staff to be aware of each plan's specific requirements and cannot guarantee coverage to any individual.** Your insurance coverage is a contract between you/your employer and the insurance carrier. While we may be a provider of services, we are not a party to your specific contract. We will do our best to assist you; however, it is ultimately your responsibility to verify that we are a member of your PPO or HMO network before any services are performed (i.e. appointment with provider, laboratory testing, surgeries, etc.). **It is your responsibility to understand and comply with any predetermined benefits or referral requirements.** It is very important that you, the Guardian/Representative, take an active role in your child's medical treatment from the day services are rendered until Knott Street Dermatology has been reimbursed for these services by the insurance carrier. As with any provider's office, any charges the patient incurs at Knott Street Dermatology which are not paid or adjusted by your insurance carrier will be your sole responsibility.

Insurance copayments are due at time of service and an \$8.00 billing charge will be added if copayments are not received at time of service. Any checks written as copays or payments to Knott Street Dermatology that are returned as unpaid, will be assessed a \$50 fee in addition to any fees charged by your financial institution.

As a courtesy, we are glad to bill your insurance carrier on your behalf or assist you by providing copies of statements and medical documentation that are required to bill your insurance carrier directly. We understand the high cost of health insurance and we strive to help you receive the benefits to which you are entitled. We are committed to providing the best treatment to our patients and we charge what we believe to be competitive, reasonable, and customary fees for our region and specialty. We will only hold you responsible for a balance based on the fee schedule set by our contract with your insurance carrier.

Payment for any "Self-Pay", cosmetic, or elective/non-covered procedures will be due at time of service. Self-Pay patients will receive a time-of-service discount to be applied to the total bill as a courtesy for prompt payment.

Please INITIAL lines below acknowledging notification and understanding of listed policies:

_____ We have implemented a "NO SHOW" policy. *We ask you call at least 24 hours in advance if you are unable to keep the appointment.* This allows us the opportunity to offer the appointment time to another patient. If your child is marked as a "NO-SHOW", you will be asked to put a credit card number on file and **a fee of \$50 will be charged to your card if you "NO SHOW" for any subsequently scheduled appointments.**

_____ We ask that patients arrive in a timely manner. **If you arrive more than 15 minutes late** for your child's appointment, **they may not be able to be seen.** If so, their appointment will be considered a "NO SHOW" and the above policy will apply.

_____ The collected fee of NO-SHOW will be donated by Knott Street Dermatology to the American Academy of Dermatology fund for children with severe blistering disorders.

By signing below, you acknowledge that you have read, understand, and agree to the above payment policies.

Patient Printed Name	Printed Representative Name	Relationship
X		
Signature of Legally Authorized Representative		Date

Please contact Jennifer Hanson, Clinic Administrator, for any further questions or concerns: 503-253-2675