

Spokane Dermatology Clinic & Werschler Aesthetics

Office and Financial Policy

Name (Print) _____ Date _____ Check in Time _____

Insurance Co. _____ DOB _____

- If you have been referred by **Premier Clinical Research**; any and all medical treatment you receive from Spokane Dermatology Clinic will be your responsibility. Spokane Dermatology Clinic is a completely separate entity and is not affiliated with Premier Clinical Research
- If you are unable to keep an appointment, please call 24 hours prior. We reserve the right to charge you a fee of \$50 for a missed, non-cancelled appointment.
- Please have all your current insurance information as well as photo Id. If this is not provided at time of service you may be rescheduled or required to pay at the time of service.
- We accept the following forms of payment: Cash, Debit Cards, MasterCard, Visa, American Express, Discover and Care Credit.
- We do NOT accept personal checks.
- No persons under the age 18 will be seen without parental consent.
- Payment is expected at the time of the visit for co-payment, co-insurance & deductibles.
- Any outstanding balances will be required to be paid in full prior to your next scheduled visit.
- Insurance coverage is never guaranteed. Your insurance company determines benefits when they receive your claim. Any statements made by our staff regarding your coverage in no way guarantees that your care here will be covered by your insurance company. An insurance contract is between you and your insurance company. You will be responsible for your account, regardless of insurance.
- Your signature below gives permission to this office for collection of benefits and also authorizes this office to release daily chart notes when necessary for the processing of claims.
- All accounts with balances 60 days past due will have interest assessed and possible collection proceedings if balance is not paid in full. The interest will not be written off of delinquent accounts.
- Unpaid accounts past ninety days (90) will be sent to a third party collection agency. Patients will be responsible for collection charges. In the event of legal action, patient will pay reasonable attorney fees and venue shall be in Spokane County.
- If your insurance company sends you a check, it is your responsibility to send the check to our office within five (5) days.
- If you have no insurance, payment in full is expected at time of service, unless arrangements have been made prior to your visit.
- **Lab Charges** All blood work, cultures and biopsies will be charged by an independent lab. Patient is responsible for these charges. We do not separately bill or accept responsibility for any third party charges.
- Please feel free to ask our billing representatives any financial questions you may have. Our intent is to provide you with the highest level of service and care.
- The patient is always responsible for the payment of their care.

By signing below, I acknowledge and understand the policies as stated above.

Signature _____ Date _____