



## FINANCIAL POLICY

You are financially responsible to Advanced Dermatology as the patient, parent, guardian, or insured for all charges covered by, but not paid by your insurance. These charges may include deductibles, coinsurance, co-pays, or out-of-pocket expenses. You are also responsible for charges you authorize that are not covered by your insurance. Please be aware that the Medicare and Medicaid Programs have identified certain outpatient services that are excluded from coverage. It is your responsibility to understand what type of insurance coverage you have. It is also your responsibility to determine if a referral or prior authorization are required for any procedures performed.

- Your account balance is due within 30 Days of the statement date, unless you have made other arrangements with the Business Office (402-991-6878).
- We collect ALL outstanding balances prior to each visit.
- If you have No Insurance Coverage (self-pay), payment in full is due at the time of service.
- Payment for Cosmetic Services are required at the time of service.
- We accept cash, check, Visa, Mastercard, Discover, and American Express.
- A \$30 service charge will be accessed for returned checks.
- If you cannot pay your statement balance in full, you may be eligible for a payment plan. Please contact our Business Office at 402-991-6878 for available options.
- If you are unable to pay your balance promptly, you will be contacted by our collections vendor, Transworld Collections, Inc.

I have read the above conditions of treatment and payment and agree to their content.

Patient's Signature/Parent if Minor	Relationship	Date
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Patient offered a copy:    Accepted            Declined            Not Offered