



Financial Policy

Our practice firmly believes that a good physician/patient relationship is based upon understanding and good communication. We are committed to providing you with the best possible medical care. The following is our financial policy:

PAYMENT:

1. All co-payments, coinsurance and deductibles are due and payable at the time of service, regardless of who brings the patient in for the appointment. Sitters, grandparents, divorced parents, etc., must be prepared to pay at the time of service. Haydel Dermatology accepts cash, checks, debit cards, MasterCard, VISA and Care Credit.
2. Overpayments will be refunded after all charges have been processed and paid by your insurance company. A refund check will be written and mailed within 30 days of your written or verbal refund request.

INSURANCE

1. Our office participates with a variety of insurance plans. It is your responsibility to:
 - a.) Bring your insurance card to each visit and notify us of any changes.
 - b.) Know your co-payment, coinsurance, and deductible amounts and be prepared to pay this amount at the time of service
 - c.) Know your insurance company benefits (physical exam coverage, diagnostic testing co-payment amounts and pre-certification requirements, etc.)
 - d.) If you are enrolled in a Managed Care Insurance Plan (HMO) it is YOUR responsibility to obtain or ensure a referral is supplied to our office from your PCP or primary care physician prior to the time of your appointment. Without this referral, you cannot be seen by our physicians.
2. If your insurance coverage is through a plan that we do not participate with, our office is happy to file the claim for you upon request as a courtesy. However, you are responsible for payment in full at the time of service and you will be reimbursed upon payment being received from your insurance company in the event that the payment is not made directly to you.
3. We file secondary insurance claims as a courtesy. If your secondary insurance has not paid within 60 days of our first filing, you automatically become responsible for the balance of unpaid charges.

Returned Checks

The charge for a returned check is \$25.00 payable by cash or money order. This will be applied to your account in addition to the insufficient funds amount. You may be placed on a "CASH AND CREDIT CARD ONLY" basis following any returned check. If payment for an insufficient check is not made within 10 business days, your check will be turned over to the District Attorney's Office and you will be responsible for all court cost that may be involved.

PATIENT AUTHORIZATION

I consent to treatment, including biopsies, necessary for the care of the below named patient. I understand that I will receive a separate bill from Skin Dx, Lab Corporation, or Delta Pathology (pathologist) for each skin specimen processed. (By law, Dr. Sarah Haydel is required to send skin specimens to a pathologist for biopsies and surgeries).

I have read and fully understand the above consent for treatment of biopsies and Haydel Dermatology's financial policy.

Patient's Name or Guardian's Name Printed

Date

Patient's Signature or Guardian's Signature

Date