



Financial Policy

I hereby acknowledge that I have reviewed this Financial Policy.

INSURANCE BENEFITS, REFERRALS AND PRIOR AUTHORIZATIONS: I am responsible for knowing my insurance plan, including network status, referral and authorization requirements, co-pays, deductibles, co-insurance, and out-of-pocket maximums. Darabi Dermatology does not guarantee coverage or cost. I understand my insurance benefits and responsibilities. Co-pays are due at time of service.

LACK OF INSURANCE: If you have health insurance with which we are contracted, we are obligated to submit a claim to your insurance. If you do not have health insurance or if we are not contracted with your health insurance, you may be seen as an out-of-network or self-pay patient.

SECURE CREDIT CARD ON FILE: We require all patients to keep a credit card on file for services, products, co-pays, fees, and out-of-pocket balances after insurance payment, or for self-pay patients. Cash, HSA or debit cards are not accepted; call us to process HSA payments. After your visit, we submit your insurance claim. If insurance leaves the full amount or a portion to be paid by the patient, we send you a statement. If no payment is received within 20 days of the statement date, the card on file will be charged for outstanding balances (co-pays, co-insurance, deductibles, no-show fees, returned check fees, interest, payment plan installments, and other fees). Itemized receipts will be sent for all charges. We securely store card information with Modernizing Medicine (HIPAA and PCI compliant); we only see the last 4 digits and expiration date. If you do not have a credit card, we require for office visits a **\$300** advance payment and for procedures, the advance payment increases to **\$1,000**. This amount will be applied to your out-of-pocket after insurance processes your claim. Any overpayments will be refunded to you once your insurance claim has been processed.

CANCELLATION POLICY: To best accommodate all patients, we require sufficient notice for cancellations and missed appointments. A fee of **\$75** will be charged for all office visit appointments missed or canceled with less than 24 business hours' notice. For surgical and cosmetic procedure appointments, a fee of **\$300** will be applied to your account if canceled with less than 48 business hours' notice. This allows us to offer the time slot to another patient.

COLLECTIONS: In instances where the terms of a payment arrangement or our billing and collection policy are not adhered to, we may engage a collection agency or law firm. If the balance due remains unpaid [120] days after the statement date, and acceptable payment arrangements have not been made or complied with, your account may be referred to a collection agency or law firm, incurring a 4% interest charge on the amount in collections.

PAYMENT PLANS: Patients experiencing financial hardship may arrange a payment plan. The balance due must be paid in five equal monthly installments or \$100 per month, whichever amount is greater.

MINNESOTA DEBT FAIRNESS ACT: Darabi Dermatology abides by the Minnesota Debt Fairness Act (www.ag.state.mn.us) which protects patients by restricting debt collectors.

FINANCE AND SERVICE CHARGES. An annual finance charge of 4% is charged for balances exceeding 120 days. A \$35.00 service charge will be charged for returned checks.

By signing this form, I agree to the terms of this policy and authorize Darabi Dermatology to charge any outstanding balances on my account to the credit card kept on file.

Signature: _____ Name (Print): _____

Today's Date: _____ Staff Witness: _____