

AESTHETIC SPECIALTY CENTRE , PC

1825 Old Alabama Rd. Suite 201, Roswell, Georgia 30076 770-393-9000 / Fax 770-393-9006
2001 Linger Longer Rd. Greensboro, Georgia 30642 706-467-6500 / Fax 706-467-9568

FINANCIAL POLICY

Thank you for choosing our practice. Our goal is to provide excellent care and superior patient service. Our policies are intended to accomplish that goal in a cost-effective manner. Your agreement to follow these policies will help us serve you.

Payment

- For your convenience, we accept cash, personal checks, Visa, MasterCard, American Express, and Discover. **Please note that a \$35 fee will be due for any check returned from the bank for non-payment.**
- Copays and outstanding account balances are due at the time of service. Once insurance has processed a claim, bills are sent for outstanding balances; these are due upon receipt. Balances older than 30 days will be assessed an interest charge; balances older than 120 days will be sent to a collection agency.
- If you do not have insurance, or it cannot be verified, payment in full is due at the time of service.

Insurance

- A government issued photo ID and your correct insurance card(s) must be presented at **each** visit to insure that claims are sent to the correct company and no one is using your insurance fraudulently.
- We will file claims to your insurance carrier and accept payments directly from them. **We must have your complete and current demographic and insurance information to do this.** It is **your** responsibility to inform us of any changes in your insurance coverage or contact information. If we submit claims with the information you have on file with us and the claim is denied due to incorrect or missing information, we will bill you for the full amount, and you may file for reimbursement from your insurance company.
- It is **your** responsibility to know that the physician you are seeing participates in your plan. If you make an appointment with a physician that is not currently in your plan, you may be responsible for the charges.
- Since insurance benefits are unique to each patient's insurance coverage, it is **your** responsibility to know your insurance benefits **PRIOR** to services being rendered. We are **not** responsible for unpaid amounts as a result of deductibles or denials from your insurance company. **We can never guarantee insurance coverage for any service provided.** You are responsible for charges denied by your insurance company as not medically necessary.
- **Generally, insurance plans classify dermatology procedures as surgery. Many insurance plans apply procedures to a deductible, so some or all charges may be your responsibility.**
- If your plan requires a referral or prior authorization, it is your responsibility to obtain this prior to your visit.

Labs

- Most laboratory tests ordered through our office are billed separately to your insurance by LabCorp, Finan Templeton, Miraca, or Quest Diagnostics. If you receive a bill from one of these companies, please contact them to resolve any questions.
- If your insurance company requires that tests be sent to a specific lab, it is **YOUR** responsibility to tell the MA at the time the test is ordered. We will not pay for any lab charges.

Cosmetic and Elective Services

- **Any Cosmetic Procedure over \$500 will require a 50% deposit upon booking. Full payment is required at the time of service.** Cosmetic and elective procedures may require a deposit or payment in full to hold the appointment. Please be aware that a missed appointment can result in loss of some or all of your deposit. Our policy is to charge 25% of the cosmetic fee for a cancelled procedure within 7 business days, 50% of the cosmetic fee within 3 days and 100% of the cosmetic fee for cancelling a cosmetic procedure the day of appointment.

Patients Under 18 Years of Age

- The patient registration forms must be signed and guaranteed by the parent or legal guardian accompanying the minor at the first appointment. That guarantor is legally responsible for payment.
- We are unable to know the financial responsibilities of divorced parents. The adult accompanying the minor is responsible for payment of the patient portion due at time of service.
- When a minor becomes 18, s/he will sign this form and may designate parental rights for information and payments.

Assignment of Benefits and Authorization To Release of Medical Records

- I agree to the assignment of benefits to Aesthetic Specialty Centre; I consent to representation in appeals; I authorize the release of medical records for appeal and arbitration of claims.

Print Patient Name _____ Date _____

Signature of Patient or Legal Guardian _____

Witness _____ Date _____