

Coastal Dermatology & Skin Cancer Center
Financial & Insurance Policy

Thank you for choosing Coastal Dermatology as your healthcare provider. We are committed to providing the best dermatological care possible. Please understand that payment of your bill is considered a part of your treatment. The following statement explains our policy. We ask you to read, sign and return this agreement prior to your treatment.

- 1) All patients should provide accurate and complete personal and insurance prior to being seen.
- 2) All applicable co-pays, coinsurance, deductibles and personal balances both current and past due, are expected at the time of service. It is your responsibility to inform us of all limitations set forth by your insurance plan.
- 3) Patients are responsible for filing their own tertiary (3rd) insurance carrier. Out of courtesy we will file your Primary and secondary insurance for you.
- 4) Lab test and/or pathology specimens sent to an outside laboratory will be billed separately from Coastal Dermatology charges. The lab will bill for their charges.
- 5) If your insurance does not pay within 30 days, you will be responsible for the balance in full.
- 6) We accept cash, check and Master Card, Visa & Discover.
- 7) In the event that your account is turned over to our collection agency due to non-payment, you understand and agree that you will be responsible for any collection fees incurred.

Usual and Customary Rates

We are committed to providing the best treatment for our patients and charge what we believe to be reasonable and customary fees for our region and specialty. If your insurance uses a different fee schedule, you will be responsible for any remaining balance. We are contracted with the following insurance companies: *Blue Cross & Blue Shield of Florida, Evolutions, Aetna, Cigna & Medicare*. However, we are not contracted with the Medicare Advantage Policies.

Should you have coverage with a company we are not contracted with, you will be responsible for your visit at the time of service.

Returned Checks

If a check is returned to us unpaid by your bank, you will be charged a fee of \$25.00.

I have read the Financial & Insurance Policy. I understand and agree to all policies stated above.

Print Name

Signature

Date