



## FINANCIAL POLICY

Thank you for choosing CSL as your healthcare provider and allowing us to participate in your care. The following is our financial policy:

### **Credit Card on File Policy:**

All medical dermatology patients of CSL will be asked to have a credit, debit or HSA card saved on their account. This card will be stored securely and in an encrypted manner. After your insurance company has processed all charges, we will charge the account the remaining balance you owe, if any, and email you a receipt for your records. If there is a credit due to you, we will refund this amount to the original card used. You have the option to ask us to contact you for balances greater than \$250 to confirm payment arrangements before charging your card.

### **Patients with commercial insurance coverage:**

#### IMPORTANT:

1. Please understand that our services are rendered to you, not to your insurance company. Your insurance plan is a contract between you or your employer and the insurer. Payment for treatment is ultimately your responsibility. Please bring your insurance card(s) to each visit.
  - We will collect copays at time of service and process your deductible/coinsurance responsibility after we have received your EOB via the credit card on file. WE DO NOT EXTEND CREDIT FOR THESE AMOUNTS.
2. We will file a claim on your behalf for the any covered services rendered. Cosmetic or non-covered services must be paid at time of service. Non-covered services include: removal of benign/normal lesions (normal moles, normal growths such as skin tags and seborrheic keratoses) milia extraction, wound care supplies.
3. Any amount denied or not paid by your insurance after 60 days becomes your responsibility.
4. You are responsible for contacting your insurance carrier to settle any disputes you have regarding claim coverage denials/non-payment.

5. It is your responsibility to inform our office of any changes to your insurance coverage before your next visit. Failure to present updated insurance card within 10 days of claim denial will result in the entire visit amount shifting to patient responsibility.

#### **Medicare Patients**

We are participating providers with Medicare. Payment of your deductible and coinsurance amounts are due at the time of service. **PLEASE NOTE: We do not accept all Medicare Advantage plans. Please check with us in advance to see if we are able to accept your current plan.**

**AGREEMENT TO PAYMENT POLICY** I acknowledge that I received a copy of Charlotte Skin & Laser's financial policy and agree to the terms of payment due.

**AUTHORIZE TO RELEASE INFORMATION** I authorize release of my medical record information, pursuant to applicable federal and state laws, rules and regulations, to third party payers and other providers participating in my care, that agree to treat my information in a confidential manner in accordance with all applicable federal, state, and local laws.

**ASSIGNMENT OF BENEFITS** I hereby request that payment of authorized insurance benefits be made on my behalf to Charlotte Skin & Laser for any services provided to me and/or my dependents. I authorize any holder of medical information about me and/or my dependents to release to the appropriate entity and its agents any information needed to determine these benefits payable for related services.

**CHANGES IN INSURANCE COVERAGE** I agree to inform Charlotte Skin & Laser when my insurance carrier/or plan benefits change. I understand that my insurance coverage is a contract between my employer (or myself if I have individual coverage) and the insurance company. Therefore, it is my responsibility to know and understand what my financial liability is for any services rendered by this practice.

**GUARANTEE OF PAYMENT** I agree to pay all applicable charges, which are not paid in full by my insurance. We accept Visa, MasterCard, AMEX, Discover and HSA debit cards.

**NO SHOW/LATE CANCELLATION POLICY FOR MEDICAL DERMATOLOGY:** In the event of a missed appointment or an appointment cancelled with less than a **24 hour** notice, a \$25 fee will be applied to the credit card on file. *For Monday appointments, we do require notification by 12PM the Friday before your scheduled appointment.*

## COSMETIC VISIT SCHEDULING AND CANCELLATION POLICY

### **NO SHOW/LATE CANCELLATION POLICY FOR AESTHETIC SERVICES:**

In the event of an Aesthetic Spa service appointment no-show or cancellation with less than a **48-hour** notice, the **cost of the scheduled service** will be charged to your account. A credit card on file will be required for scheduling. *For Monday appointments, we do require notification by 12PM the Friday before your scheduled appointment.*

### **NO SHOW/LATE CANCELLATION FOR LASER/DEVICE SERVICES:**

In the event of a laser service appointment no-show or cancellation with less than a **24-hour** notice, **50% of the cost of the scheduled service** will be charged to your account. A credit card on file will be required to book an appointment with one of our laser care specialists *For Monday appointments, we do require notification by 12PM the Friday before your scheduled appointment.*

Please note that procedures that require more time on our schedule will require more advanced notification to cancel without penalty. Please text or call our office to consult with a member of our staff.

I HAVE READ AND AGREE TO ABIDE BY THE TERMS OF THIS PAYMENT POLICY. I FURTHER UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN DISMISSAL FROM THIS PRACTICE.

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Patient's Signature

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Date

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Responsible Party

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Relationship to patient