CHARLOTTE
SKIN & LASER
Elizabeth Rostan MD

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
To avoid a fee, we kindly ask for at least 24 hours' notice for any cancellations.

Medical Office Visit: Late cancellations or no-shows will incur a $50 fee.

Medical Procedure/Excision: Late cancellations or no-shows will incur a $100 fee.

Please note: Missed or canceled appointment fees are not covered by insurance.

- **For Monday appointments: Notify us by 12 PM the Friday before.**

Repeated missed appointments may result in discharge from the practice.

COSMETIC VISIT SCHEDULING AND CANCELLATION POLICY

NO SHOW/LATE CANCELLATION POLICY FOR AESTHETIC SERVICES:
Please cancel or reschedule at least **48 hours in advance**. A credit card on file is required for scheduling. Cancellations within this window or no-shows will be charged as follows:

- Lash and Brow Services: **$40 minimum**
- Facials, Chemical Peels: **Full treatment cost of the scheduled service**
- **For Monday appointments:** Notify us by 12 PM the Friday before.
- **For Tuesday appointments:** Notify us by 12 PM the Saturday before.

Please arrive **15 minutes early**. Arrivals more than 15 minutes late may need to be rescheduled, and the full-service cost may be charged.

After two late cancellations or no-shows, full payment is required to book future services.

NO SHOW/LATE CANCELLATION FOR LASER/DEVICE SERVICES:
Missed or late-canceled laser appointments are charged **50% of the service total**.

- **For Monday appointments** – Notify us by 12 PM the Friday before.
- **For Tuesday appointments:** Notify us by 12 PM the Saturday before.

Please note that procedures that require more time on our schedule will require more advanced notification to cancel without penalty. Please see our website for the full cancellation policy, or contact our office via call or text to speak with a team member.

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.

_____ _____

Patient's Signature Date

_____ _____

Responsible Party Relationship to patient