MAHONEY
DERMATOLOGY SPECIALISTS, P.A.

Financial Policy

WELCOME to Mahoney Dermatology! Dr. Mahoney and his staff are pleased that you have joined our practice. Please read and complete the following. Our focus is to provide you with the best medical experience possible.

Please carefully read each of the following statements before signing:

- I understand there is an **early cancellation fee** if I do not give at least 24 hours notice prior to the scheduled appointment, the fees are as follows:
  - $ 100 for scheduled surgical appointments.
  - $ 50 for scheduled office visits.
- I understand I will be discharged from the practice after three "no-show" occurrences (failure to arrive on time for scheduled appointments).
- I understand I will be charged a $50 service fee for any insufficient funds and all my future payments must be made via cash or credit card.
- I understand I may be asked to schedule another appointment if there are multiple issues unrelated to the reason for my original appointment.
- I understand if I have not made payments on my account, I will not be able to schedule any appointments.
- I understand there is a $25 charge for the completion of any paperwork, this includes but is not limited to, Aflac, FMLA, disability, etc…
- I understand I will be sent a statement if the balance on the account is $5 or more, as well as only receive a refund if the credit on the account is $10 or more. Refunds will be issued within 4-6 weeks, after all insurance claims have cleared.
- I understand my account is subject to a 1.5% interest charge per month on any balance older than 30 days.
- I understand if my account is turned over to a collections agency, I will be responsible for any cost incurred in the collection of the balance, which will include a 35% fee of your outstanding balance and/or any other charges.

Commercial insurance patients: On your behalf we submit all claims to your insurance company. However, it is your responsibility to know what benefits you have contracted for with your insurance carriers. Please be advised that, we do verify benefits on the day of appointment, and will give an estimate based on the information we are given at the time of inquiry:

- I understand I am responsible for paying my annual deductible, co-insurance, copayment and charges for any non-covered, cosmetic services at time of service.
- **I understand if my insurance policy requires that I obtain a referral and or authorization, it is my responsibility to contact my primary care physician prior to my appointment and have it faxed to the office.**
- I understand not all services are covered by insurance; it is my responsibility to be aware whether provided services are a covered benefit under my insurance policy.
- I understand it is my responsibility to notify Mahoney Dermatology Specialists, P.A. of any changes in my insurance so that my coverage can be verified prior to my appointment.
- I understand if I am covered by an insurance plan which our physician is not contracted with, I will be required to pay a minimum of 50% of the total bill at the time of service. The entire unpaid balance remaining after payment from my insurance company will be billed to me regardless of the benefits and payment policies of my carrier, and is due no later than 30 days after the receipt of the patient statement.

By signing below I acknowledge that I have read and understand all of the above statements.

Printed Patient Name: _____ **Patient DOB:** _____/_____/_____

Patient or Guardian Signature: _____ **Date:** _____/_____/_____