

## **Financial Policy**

### **Insurance**

We cannot file your insurance unless all your insurance information is given at the time of your visit. It is therefore necessary for us to have a current copy of your insurance card for accurate billing. Insurance benefits will be verified by our office, but it is recommended that you educate yourself about your individual benefits by contacting your insurance company before being seen. It is required that we hold you responsible for your portion of the charges, including copays, coinsurances and deductibles, at the time of service. These amounts are an estimate of what your insurance carrier may allow for your services.

You may receive a remaining balance notification once your insurance carrier finalizes your claim processing. If your insurance company has not paid a claim within 60 days, you may receive notification in the mail requesting your assistance in determining if there is a problem, or if additional information is required in processing the claim.

### **Authorization of Payment and Release of Information**

I request payment of authorized insurance benefits be paid to Kayal Dermatology & Skin Cancer Specialists and authorize release of medical information to determine payable benefits for services rendered.

### **Authorization to Keep Credit Card on File**

I hereby authorize Kayal Dermatology & Skin Cancer Specialists to keep my debit or credit card information on file for payment and to initiate appropriate payment entries against my debit, credit card, or bank account as applicable, as amounts are owed by me on the patient account. I acknowledge that the initiation of all such entries to make payments on the patient account must comply with the provisions of U.S. law and any applicable state laws. I understand and agree that these entries may be made to my debit, credit card, or bank account as applicable, periodically to pay amounts owed by me on the patient account. I also agree to notify Kayal Dermatology & Skin Cancer Specialists if my debit or credit card information changes for any reason. This authorization shall remain in effect until I communicate with Kayal Dermatology & Skin Cancer Specialists; my intention is to cancel this authorization by calling the business office at (770) 426- 7177.

## **Non-Covered Services**

There are several services we provide that are typically considered “cosmetic” by your insurance company. For example, removal of some benign growths such as cysts, lipoma, and keloids are not routinely covered by health insurance plans. Other services, such as Botox, fillers, chemical peels, and laser, are also considered not medically necessary. Full payment for all non-covered services must be made at the time of your visit.

## **Referrals**

Since we are a dermatology office in the state of Georgia, referrals are not usually required. If your insurance company does require a referral, it is solely your responsibility to obtain a current referral for office visits. A valid referral must be received at least 48 hours prior to your appointment, or you may be asked to reschedule.

## **Labs**

If you are aware that your insurance carrier requires you to utilize certain labs for blood work or biopsies, you must inform your nurse. There are charges related to the laboratory itself, and these charges are separate from our office charges. You will receive an explanation of benefits (EOB) from your insurance carrier.

**CONSENT FOR DISPOSAL OF HUMAN TISSUE:** I agree that any tissues or specimens that are removed from my body while performing procedures or providing my care and treatment will be examined and disposed of by Kayal Dermatology & Skin Cancer Specialists.

**In-House Dermatopathology Lab:** I understand that Kayal Dermatology & Skin Cancer Specialists has an in house pathology lab where my biopsies will be sent and examined by a certified Dermatopathologist. I acknowledge that I may receive additional billing from Kayal Dermatology & Skin Cancer Specialists for portions of my deductible not yet met, coinsurance, and, in some cases, an additional co-pay.

## **No Shows**

As a courtesy, we attempt to contact every patient to remind them of their appointment; however, it is your responsibility to arrive for your appointment on time. Cancellations must be received greater than 24 hours in advance. Any patient who no-shows or cancels his or her appointment with less than 24 hours' notice possibly may not be able to reschedule or may be charged a \$75 non-refundable no-show fee. This charge cannot be billed to your insurance company.

### **Cosmetic Deposits**

A cosmetic deposit is required for these services. One-half of the total cost of the procedure is due at the time of scheduling. Cancellations must be received 48 hours in advance. Any patient who no-shows or cancels his or her appointment with less than 48 hours' notice may forfeit their deposit.

### **Return Policy**

I understand that Kayal Dermatology & Skin Cancer Specialists can not accept returns of skin care products and prescription pharmaceuticals preparations. These products are non-refundable.

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**Signature of Patient or Parent/Guardian (if a minor) or Power of Attorney**

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**Date**

**Printed Name of Patient/ Parent / Guardian or Power of Attorney, if applicable Relationship to Patient, if other than self:**

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**Thank you for reviewing our policies. Please let us know if you have any questions or concerns.**