

**Payment is due on the date of service, regardless of medical insurance coverage.**

- **Please be prepared to pay for today's visit, including any copays and co-insurance, and any unpaid balances and no-show fees, when you come in for your appointment.** Payment by debit or credit card is preferred (Visa, MasterCard, American Express and Discover), and we also accept cash and CareCredit. We do not accept personal checks. *If you are unable to pay, we can reschedule your appointment.*
- We participate with most insurance companies. If you are covered by medical insurance accepted by our practice, we will file our charges with your insurance company for you. **We will need current insurance information and personal identification at check-in.**
- **You are responsible for full payment of all charges for visits that are not covered by your insurance policy or Medicare, or that are covered but subject to a deductible that has not been met.** *If you are unsure about whether or not services are covered, please ask your insurance company before your visit.*
- We work hard to provide you with the highest quality of care, but no one can guarantee results. **All charges are non-refundable.**
- If your insurance provider requires you to provide a referral from another physician for you visit to be covered, it is your responsibility to obtain that referral.

**Medicare.** Medicare requires 20% of its allowed fee to be paid by the patient from a supplemental policy. If you do not have a supplemental policy, you will be billed for the 20% not covered by Medicare.

**Lab Services.** We send biopsies and other specimens to outside laboratories who bill you separately for their services. Coverage, co-pays, coinsurance and deductibles for lab services are established by your insurance provider. *Before your visit, please ask your insurer to identify those labs, and let us know so that we can direct your specimens to one of those labs.*

**No-Show and Cancellation Policy**

- **A \$25 fee will be charged for each missed appointment and for any cancellation within 24 hours of a scheduled appointment.**
- **We may charge a \$100 fee for certain missed dermatology and aesthetic procedures, such as Botox or filler treatments, and for cancellations within 24 hours of these scheduled procedures.** We reserve the right to require a \$100 deposit in order to book an appointment for one of these procedures.
- Payment of these fees is due on or before your next appointment.
- If you are unable to keep your appointment, please call us right away. No fee will be charged for cancellations made at least 24 hours before the scheduled appointment time.

**Acknowledgment:**

I have read this financial policy and understand my payment responsibilities with respect to services provided by Atlanta Dermatology and Laser Surgery as stated in this policy, including but not limited to my responsibility to pay for services provided and for any unpaid balance on the date of service, whether or not my bill is paid by medical insurance.

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Signature of Patient or Patient's Representative

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Date Signed



## Acknowledgment of Financial Policy – Cosmetic Services

### **Payment**

**We require payment in full on the day of your first treatment.** We accept Visa, MasterCard, American Express, Discover, CareCredit, and cash. We will also accept recurring partial payments in advance, so long as the total purchase price has been paid before your treatment. We do not accept personal checks. *If you are unable to pay, we can reschedule your appointment.*

### **No-Show and Cancellation Policy**

- A \$25 fee will be charged for each missed appointment and for any cancellation within 24 hours of a scheduled appointment.
- We may charge a \$100 fee for certain procedures, such as Botox or filler treatments, and for cancellations within 24 hours of these scheduled procedures. We reserve the right to require a \$100 deposit in order to book an appointment for one of these procedures.
- Payment of these fees is due on or before your next appointment.
- If you are unable to keep your appointment, please call us right away. No fee will be charged for cancellations made at least 24 hours before the scheduled appointment time.

### **Treatments & Packages Expiration**

All service packages and pre-paid treatments must be used within six months (180 days) after the date of purchase or they will expire.

### **No Refunds**

There are no refunds for services provided. We work hard to provide you with the highest quality of care, but no one can guarantee results.

If for some reason you are not able to use an un-rendered, pre-paid treatment, you may do a one-time exchange of the unused portion toward other services, subject to any discount applied at purchase. No cash or charge refunds will be given.

### **No Product Returns**

Out of consideration for the safety of our clients, we cannot accept skin care product returns once your purchase has been completed (with the exception of clear defects in packaging or product).

### **Acknowledgment:**

I have read this financial policy and understand my payment responsibilities with respect to services provided by Atlanta Dermatology and Laser Surgery as stated in this policy, including but not limited to my responsibility to pay for services provided and for any unpaid balance on the date of service, whether or not my bill is paid by medical insurance.

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Signature of Patient or Patient's Representative

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Date Signed