PRESTON

DERMATOLOGY + SKIN SURGERY

Preston Dermatology & Skin Surgery Center, P.A. Sheel Desai Solomon, M.D. 1010 High House Road, Suite 202, Cary, NC 27513

OUR FINANCIAL POLICY

Thank you for choosing us as your health care provider. The following is a statement of our FINANCIAL POLICY which we require you to read and sign prior to any medical services rendered.

- 1. FULL PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED.
- 2. WE ACCEPT CASH, CHECKS, AND DEBIT/CREDIT CARDS.

REGARDING INSURANCE

We may or may not accept assignment of your insurance benefits. If assignment is taken, you still will be responsible for any deductibles or copayments at the time services are rendered. We cannot bill your insurance unless you provide is with accurate information. Your insurance policy is a contract between you and your insurance company; we are not a party to that contract. If your insurance company has not paid on your claim within forty-five (45) days, you will become responsible for the balance. Please be aware that some, and perhaps all, of the services provided may be non-covered services and not considered medically necessary under Medicare and/or other medical insurance programs.

We are a participating provider with your insurance plan. If we participate with your health plan, all copayments and deductibles are due at the time services are rendered. In the event that your insurance coverage changes to a plan where we are not a participating provider, refer to the above paragraphs. Authorization is the responsibility of the patient. If an authorization in not obtained, the patient will be responsible for the services rendered.

USUSAL AND CUSTOMARY RATES

Our practice is committed to providing the best treatment to our patients and we charge what is usual and customary for our area. You are responsible for payments regardless of any insurance company's arbitrary determination of usual and customary rates. The only exception to this policy is plans where we are a contracted participating provider.

MISSED APPOINTMENTS

Unless canceled at least twenty-four (24) hours in advance, our policy is to charge for missed appointments. For established patients, the charge is \$45.00 and for new patients the charge in \$55.00. The charge for a missed surgery will be \$100.00. Please help us serve you better by keeping scheduled appointments.

MINOR PATIENTS

The adult parent accompanying the minor is responsible for payment of the minor patient's account regardless of who the insurance policyholder is. For an unaccompanied minor, non-emergency treatment will be denied unless we are preauthorized to bill a debit/credit card, or the minor is able to make the payment by cash or check before services are rendered.

THANK YOU FOR UNDERSTANDING THE NECESSITY OF OUR FINANCIAL POLICY PLEASE LET US KNOW IF YOU HAVE ANY QUESTIONS OR CONCERNS REGARDING THE ABOVE FINACIAL POLICY.

UNDERSTAND AND AGREE TO THIS FINANCIAL POLICY:		
(Signature of patient)	Date of Birth	(Date)
ignature of parent if patient is under 18 years of age)		(Date)