

MGMD

Advanced Science for Beautiful Skin



MGMD Dermatology • Michele Grodberg MD & Associates

FINANCIAL ARRANGEMENTS

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Please ask if you have any questions about our fees, financial arrangements or your financial responsibility.

It is important that you understand our approach to financial arrangements and by signing below you agree to comply with those arrangements.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO BEING SEEN BY THE DOCTOR.

YOU MUST PROVIDE TO US A COPY OF YOUR CURRENT INSURANCE CARD(S) FOR ANY INSURANCE COVERAGE THAT APPLIES TO OUR SERVICES OR SERVICES WE REQUEST ON YOUR BEHALF, SUCH AS LABORATORY SERVICES. You are responsible for providing to us and or your insurance company all documentation necessary for us to be reimbursed by your insurance company. Should you fail to provide such documentation and your insurance company refuses to cover the services we provide to you, you will be required to pay us directly for those services.

COPAYMENTS: We are required to collect, and you agree to pay to us, your carrier designated copay at the time of each visit. If your copayment changes, you are required to inform us at the time of your visit.

DEDUCTIBLES & CO-INSURANCE: Certain insurance plans may pay us only a partial amount for our service and will require you to pay us additional amounts as deductibles or co-insurance. These additional amounts are typically identified to you in the explanation of benefits (EOB) that you and/or we receive from your insurance company. You agree by signing below that you will pay to us such deductibles or co-insurance amounts. You agree that if any such amounts remain outstanding for more than 30 days after we request payment from you, you will be obligated to pay us interest on those amounts.

REFERRALS: If your plan requires a referral from your primary care physician it is YOUR RESPONSIBILITY to obtain the referral prior to your appointment and to have it with you at the time of your visit. If you do not have a referral, some plans do not allow other arrangements to be made and therefore you will have to reschedule your appointment until after a referral is obtained. Other plans will allow you to execute a Financial Waiver that obligates you to pay us directly if you do not provide to us a valid referral, dated on or prior to the date of the visit. In those instances, you will be able to

keep your appointment to see the doctor, but you will be responsible to pay us directly if you do not provide the valid referral to us within 24 hours or if other arrangements cannot be made for your plan to pay for our services.

INSURANCE PLANS IN WHICH WE DO NOT PARTICIPATE: If we do not participate in your insurance plan, payment is expected at the time of service unless other financial arrangements have been made prior to your visit. Your itemized receipt should be attached to your insurance form and sent to your carrier, who will reimburse you directly.

SECONDARY INSURANCE, COORDINATION OF BENEFITS, ETC.: If you are covered by more than one insurance company, there may be instances in which we need to obtain from you documentation provided to you by one of your insurance companies in order for us to obtain from another of your insurance companies reimbursement for services we have provided to you. You agree to provide us promptly with any such documentation.

COLLECTIONS: If your account becomes past due 120 days or greater we will refer your past due account to our outside collection agency, and that agency's fee of 30% of the balance due will be billed to your account.

COSMETIC PROCEDURES: Insurance plans do not cover cosmetic procedures. If you request such services from us you must pay us directly for these services at the time of the visit. If you fail to show up for an appointment for cosmetic procedures, cancellation fees will be charged to your account unless you reschedule or cancel the appointment at least 36 hours before the appointment.

You are responsible for the timely payment of your account.

WE ACCEPT CASH, CHECKS, AMERICAN EXPRESS, MASTERCARD AND VISA.

THANK YOU for taking the time to read and understand these financial arrangements.

RESPONSIBLE PARTY

SIGNATURE: _____ DATE: _____

RESPONSIBLE PARTY

NAME (print): _____

PATIENT NAME (print): _____