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Patient Financial Obligation

We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.

In Network and Medicare Patients:

If we participate with your insurance plan you will be responsible to pay for your co-pay, deductibles and /or co-insurance at time of service. You may also be responsible for payment of services related to conditions that are not covered by your Plan. If you have not met your deductible, you will be responsible for the amount of the deductible and whatever amounts the insurance company does not pay. If your insurance company denies payment or will only pay a portion of your medical bill, you, the patient is responsible for payment of services rendered and will be billed accordingly. Please be aware that your insurance carrier does not guarantee accuracy of its confirmation of coverage and benefits. **In order to expedite this responsibility, we require that you leave a Credit Card on File.**

Other Bills:

If you should undergo a biopsy in our office, your insurance carrier will be billed separately by the Lab. You will receive a separate bill from the Lab for any uncovered charges.

Payment Methods:

For your convenience, we accept the following forms of payment: Cash, Check, Visa, MasterCard or American Express.

- It is office policy that a credit card is left on file as most insurance policies have deductible, co-insurance, and surgical co-insurance in addition to co-pays. Your insurance company determines the exact amount after we have submitted your claim for payment. We will charge your card for the amount which is your responsibility and your insurance company will also send you a copy of the explanation of benefits.
- Your signature below provides authorization for our office to process payment(s) to this card for reasons as outlined above.



It is our utmost concern that patients' transactions are processed according to the highest security standards. To that end, Aesthetic Dermatology, LLC will safely and securely store your credit card information on Authorize.net, the industry leader in gateway security. This method meets all PCI requirements. All card information will be stored in an Authorize.net "Lock Box" and truncated during the process to prevent unauthorized access to full card information.

Failure to Pay:

Any unpaid balance that exceeds 30 days will be sent to a collection attorney and will incur any attorney fees and collection costs. The patient/or guarantor will be responsible for all associated costs including interest from the date of service.

I, _____ have read the above disclaimer and fully understand my financial responsibilities to Aesthetic Dermatology, LLC.

Patient/Guardian Signature: x _____ Date: ___/___/___

Credit Card: Visa _____ MasterCard _____ American Express _____

Credit Card # _____ Expiration Date: ___ / ___