Dr. Edward H. Stolar
Dr. Todd E. Perkins
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"Excellence in Dermatology Care"

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Patient Fipapcial Policy

Welcome to the office of Drs. Stolar and Perkins. We want to make your visit productive and enjoyable. We are happy to answer any and all questions regarding insurance plans and payment policies.

***Our** Policy* requires payment at the time of service for your visit.

If you are a member ofa medical Insurance Plan and have chosen us as a provider of your care, it is your responsibility to:

- Provide us with information relative to your claim, including insurance card, number, employer, birth date, address and Social Security number. This information is requested on the Patient Reg is tration form. which we ask that you complete during your initial or subsequent visit.
- Pay your co-pay at the time ofservice
- Pay for services not covered by your insurance carrier.
- After your insurance has paid their portio n, you will be billed for an y co-insu rance , which is due upon receipt.

Insurance claims for your carriers are filed as a courtesy at no charge to you.

- To assis t you with your payment, our office accepts Visa and Mastercard.
- Personal checks are accepted with proper identification (driver s license or photo ID). A $30.00 overdraft charge will be added to returned checks.

If your bill is unpaid , your account will be sent to a collection agency or an attorney to obtain payment. You will be charged a fee of either$ I 00 or 25% of the unpaid balance, whic hever amount is greater, to cover our costs for this action.

Cancellation Policy

- We require a 24 hour and one full business day cancellation notice for a scheduled appointment.
- Patients who fail to show for their scheduled appointment without giving due notice will be charged a $50.00 fee for an office visi t and $100.00 for a procedure. This is not payable by your insurance.

We require a 48 hr notice for cancellation of surgical and cosmetic appointments

I have read and fully understand my financial responsibilityunder the policy.

PATIENT/GUARANTOR SIGNATURE

DATE