Eastside Dermatology
HIPAA Privacy Notice Receipt Acknowledgement

Welcome to Eastside Dermatology. Please take time to read the following regarding fees and payment policies affecting each of your visits to our office:

FEES

- Our **New Patient Office Visits** range from **$102.00 to $220.00** and our **Returning Patients Office Visits** range from **$75.00 to $155.00,** depending on how many problems are addressed and their complexity.
- Fees for treatment are based upon the diagnosis and treatment plan upon by you and your physician. If you would like the fee amount of a particular procedure prior to being treated, please let your nurse know and they will be pleased to obtain the information for you.
- A full copy of our services and fees can be obtained at the front desk at either our Grosse Pointe or Chesterfield locations.

SELF PAY PATIENTS

- If you currently are not covered under and insurance plan, all services rendered must be paid in full at the time of visit, unless the Billing Manager has approved payment terms in advance.
- We currently accept ***CASH, CHECK, VISA, MASTERCARD, DISCOVER, AND AMERICAN EXPRESS*** *for payment.*

PATIENTS WITH INSURANCE COVERAGE

- *Payments for co-pays, deductibles, and non-covered services are due at the time of the visit or upon receipt of your statement if not determined in advance.* **WE ARE REQUIRED BY YOUR INSURANCE CARRIER TO COLLECT ANY CHARGES WHICH THEY DETERMINE TO BE THE PATIENT'S RESPONSIBILITY.**
- Your medical insurance ID card and driver's license or state ID card must be provided for us to bill your insurance company. If you are insured through TRICARE or CHAMPVA, a copy of your military ID must also be on file.
- Date of Birth for each covered policy holder must be provided.
- If any information supplied is incorrect or if your medical insurance has expired, you will be responsible for payment in full for all services rendered.

OTHER IMPORTANT INFORMATION REGARDING BILLING & APPOINTMENTS

- When you receive a bill in the mail, payment is due upon receipt. If you are unable to pay in full, please contact our office to set up arrangements at **(313)884-3380.** This number can also be used for general billing inquires.
- Late payments will be assessed a service fee of $10.00 per monthly statement mailed unless other payment arrangements have been made.
- All patients are required to give 24 hours notice for appointment cancellations.
- Patients who have 3 missed appointments without proper notification may be released from the practice.

Release of Medical Benefits:

I have read and understand the above financial policy and agree to its terms. I authorize payment of medical benefits to Eastside Dermatology for provided services. Please accept a photocopy of my signature as the original is on file. I am aware that any charges not covered by my insurance policy are my responsibility. I authorized release of medical information for the processing of insurance claims. I hereby affirm that all information provided for my record is accurate to the best of my knowledge. I understand that I am responsible for the deductible, coinsurance and any non-covered services as determined by my insurance or Medicare.

Thank you for choosing Eastside Dermatology as your provider!

I have read and understand the above financial policy and agree to its terms.

Patient Name: ______________________ **Signed:** ______________________

Relationship to Patient: ______________________ **Date:** ______________________