



## **Patient Owed Balances....Our Policy**

Dear Patient:

This form and your signature below serves as formal notification of our patient balance-billing policy.

We verify the insurance for all surgical patients prior to their appointment. You will be asked to pay at the time of service for all unmet deductibles, co-pays, estimated coinsurance and non-covered services. Once we have received payment in full from your primary insurance (and secondary carrier if you have additional coverage), then you will receive a statement for any remaining patient-owed portion of the balance. The insurance companies give us an estimate of patient's responsibility when we verify the insurance, but this is never a guarantee of the final amount of patient's responsibility until the insurer actually processes the claim.

You may still have claims that are being processed for other dates of service. However, we bill you based on a specific date of service for which insurance payments have been received in full in order to clear the remaining balance for that date of service.

It is the policy of this office to send only three statements. The statements are sent at approximately 30 day intervals. If no payment is received on your account during the 90-day period, your accounts will be turned over to collections without additional notice. We feel that three months is a reasonable amount of time to make payment on your account.

For your convenience, accounts can be paid using your MasterCard, Visa, Discover Card or American Express. You can indicate your credit card information on the statement or call our office at 704-295-0000 with payment information.

Your signature on this form acknowledges your understanding of this policy.

We thank you for choosing Carolina Skin Surgery Center for your dermatologic care.

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Date

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Signature of Patient