

Welcome to Carolina Skin Surgery Center

2615 E. 7th St. Charlotte, NC 28204 ~ Phone: 704-295-0000 ~ Fax: 704-295-0005 ~ Marc Carruth, M.D.

CSSC's Financial Policy

This form serves as formal notification of our financial policy for our patients. Your signature represents your understanding of these policies.

We will, as a courtesy, bill your primary and secondary insurance and help you receive the maximum allowable benefit. Before appointments, our Billing Coordinator will contact your insurance company to verify your insurance benefits. Please remember that your insurance policy is a contract between you and your insurance carrier. It is your responsibility to know and understand your benefits and the limitations of your policy and your deductible and co-insurance amounts. It is also your responsibility to notify our office of any insurance changes at least one week prior to your appointment.

The Billing Coordinator will provide you with an estimate of your responsibility for surgical procedures. This estimate is never a guarantee of the final amount that you may owe. We do not know the final amount until your insurance company processes the claim. The amount that the insurance company says they will cover during eligibility can be different than the amount that they actually pay. You are responsible for any services not covered by your plan.

When insurance is involved, we are contractually obligated to collect co-payments, co-insurance and deductibles as outlined by your insurance carrier. It is our office policy to collect any unmet deductibles, co-pays, estimated coinsurance and non-covered services at the time of service.

It is our office policy to only send three patient statements. Patient statements are sent out once per month after your insurance company has processed your claim. If payment in full is not received within 30 days after your third statement's mailing date, your account will be turned over to collections without additional notice. We do not offer payment plans. However, we do accept most major credit cards and we do not charge patients a convenience fee for using a credit card.

CSSC will make best efforts to refund overpayments to the appropriate party within 30 days. Patient refunds will not be processed until all active or past due accounts for patients or dependents are paid in full. Refunds of less than \$5.00 will not be issued unless specifically requested.

We request that you provide us with a 48 hour cancellation notice for any appointments you are unable to make. We reserve the right to charge a \$50 no-show fee for an office visit and a \$100 no-show fee for a missed surgical appointment.

All checks returned as "non-sufficient funds" will incur a \$35 charge.

By signing below, I acknowledge I have read and understand the CSSC financial policy and accept full responsibility for my account.

Patient Name: _____

Patient Signature: _____