

**Mid-County Dermatology values the trust you place in us to care for your health. Providing consent and acknowledging the financial and privacy policies below allows us to serve you best.**

**Responsibility for Medical Charges:**

I understand that I am responsible for paying any medical charges not covered by my insurance provider, including those for services, tests, or procedures ordered for my care.

**Insurance Plan Knowledge:**

I understand that it is my responsibility to be aware of my insurance details, including deductibles, copays, network coverage, limitations, or restrictions that impact costs.

Visits encompassing preventative and illness services will be coded properly, which may result in charges for both. Insurance policies will dictate specific coverage. We follow national coding guidelines and are unable to amend billing practices or bill for undocumented services.

Routine lab testing and biopsy results are sent from facilities that bill patients separately. Some routine labs may not be included in wellness benefits. Non-routine testing can also incur out-of-pocket costs depending on insurance.

We request patients follow up with their insurance company if claims remain unpaid after 45 days. Our office contracts with most plans. Additional administrative fees may be invoiced and are due within 30 days.

**Fee Agreement:**

I agree to pay any owed deductibles, copays, or my share of costs based on insurance coverage at the time services are provided.

**Billing Follow Up:**

I agree to pay any outstanding patient-responsible balances on invoices after the insurance processes the claim related to my care.

**Appointment Cancellation:**

I understand a \$50 fee may apply if I fail to provide a 24-hour notice when canceling an appointment.

As a part of our appointment policy, we keep a credit card on file in a secure system. A charge will be applied if an appointment is not kept, and cancellations must be made within 24 hours of the appointment. As a courtesy, we will contact you via phone, email, or text to let you know we are processing your payment to your card.

**Consent for Treatment:**

I consent to receiving medical examination and treatment services from the providers at Mid-County Dermatology.

**Consent for Use of Health Information:**

Our Notice of Privacy Practices summarizing permitted uses of health information is available upon request. I retain the right to access the NPP and enact certain restrictions regarding my health data usage as outlined therein.

I provide consent for my health information to be used and disclosed as needed for purposes of my treatment, payment of services, and healthcare operations that facilitate quality care.

**Consent for Communications:**

I consent to receiving communications from the practice via phone, email, text messages, and online forums, acknowledging that these mediums may not be fully secure.

**Consent for Information Sharing:**

I authorize the practice to share and discuss relevant health and financial details with designated family members or others involved in my care.

**Right to Revoke Consent:**

I may revoke any of these permissions in writing at any time, with the understanding that prior actions relying on original consent will not be reversed.