THE DERMATOLOGY CENTER
ROCKLEDGEMEDSPA
www.dermskin.com
email: info@dermskin.com

Financial Policy

Assignment of Benefits: I hereby authorize the Medical Staff of The Dermatology Center *and* Rockledge Surgical Center to render treatment to me/my dependents. I assign and authorize payment of medical/surgical benefits directly to The Dermatology Center *and* Rockledge Surgery Center, Inc.

Financial Policies: I understand that any unpaid balances or non-covered services will be my responsibility. I understand that if I provide incorrect or expired insurance information I will assume full financial responsibility for all charges incurred. I understand that if my copay is not paid at the time of service, I will be charged a $10 billing fee. If my patient balance is not paid after the second patient statement, a $25 billing fee will be charged on the third statement. I also understand I will be charged a $30.00 collections fee should my account be referred to a collections company for non-payment and a $35.00 fee for any and all returned checks. We accept cash, checks, MasterCard, Visa and American Express as forms of payment.

Cancellation Policies: We require 24 hour notice for appointment cancellations in order to provide sufficient time to give your slot to another patient. Notice must be provided during normal business hours Monday-Friday. Voicemails left over the weekend do not meet the advance notification requirement for Monday appointments. The fee for late cancellation or missed Medical Appointment is $50. The fee must be paid before the next appointment can be scheduled. The fee for missed Spa and Cosmetic Appointment is $75, and $150 for patients with Cosmetic packages.

By my signature, I certify that the information reported with regard to my insurance coverage is correct and acknowledge that I have read and understand the above financial and cancellation policies (if patient is a minor, signature of responsible party):

SIGNATURE:_____ **DATE:**_____