FINANCIAL POLICY 11/9/2017

Thank you for choosing Visage Dermatology and Aesthetic Center, LLC for your health care needs. Our goal is to provide and maintain a good physician-patient relationship. Letting you know in advance of our office policy allows for a good flow of communication and enables us to achieve our goal. Please read the following billing policies to understand your financial obligations as a patient.

INSURANCE AND PAYMENT POLICY

We participate with Medicare, the "Blues" and most major insurance plans. We are out of network with United Health Care and Medicaid. You should know if the physician and the facility where the procedure will be performed participates with your insurance plan. For managed care plans requiring a co-pay, you are responsible for paying the co pay at the time of service. If your insurance is an HMO or EPO and requires a referral from your primary care physician, it is your responsibility to obtain the referral prior to the appointment. Some patients have out of pocket expenses, which are not covered by your insurance, which may include deductibles, co-payments, co-insurance and non-covered services. These expenses are due at the time of visit. When you receive your Explanation of Benefits from your insurance carrier, you are responsible for the payment in full of any balance on your account or when you receive a statement from our office.

PAYMENT METHODS

We accept payment by Cash, Visa, MasterCard or Discover. Checks are not accepted.

REFUND POLICY

Sales on Cosmetic products and procedures are final. No refunds will be given for any products purchased or services received. No refunds will be issued on deposits for cosmetic procedures. If you fail to cancel or re-schedule an appointment 48 hours (2 business days, not including Saturday and Sunday) before the time of your scheduled appointment, the $100 late cancellation fee or no-show fee will not be refunded.

SELF-PAY PATIENTS

Patient will be required to pay in full the estimated charges prior to procedures being performed. Office visits are to be paid at the time of service. For patients with insurance carriers with which we are out of network (United Health Care, Medicaid, Humana, etc), you will be charged a $300 fee for the visit, $75 of which must be paid at the time that the appointment is being made. This $75 non-refundable charge is to reserve your appointment. If you no-show for your appointment or cancel outside of the 48 hour policy, the $75 charge will not be refunded.

STATEMENTS SHOWING OUTSTANDING BALANCES

Statements are mailed to our patients monthly. The statement shows an itemized statement on any outstanding balance on your account. The balance should be paid in full upon receipt unless financial arrangements have been made with the billing office. **Statements paid after 30 days of the statement date will incur a $10 late payment fee.** Past due accounts will be reviewed for possible collection action.

APPOINTMENTS-CANCELLATIONS/RESCHEDULED

We ask that you please understand that our appointment times are scheduled to allow us to take care of each individual patient's needs during their scheduled visit. Appointments with Dr. St. Surin-Lord are in high demand, so we place a high value on advance notice from our patients who are unable to keep their scheduled appointments. We ask that you please provide 48 hours' (2 business days) notice if you are not going to be able to keep your appointment. Please be advised that Saturday and Sunday are NOT business days and any appointment cancelled on these days will incur a No-Show Fee. In addition, patients need to arrive on time for their scheduled appointments. If necessary, if a patient arrives greater than fifteen minutes late, there is higher probability that the scheduled appointment will have to be made on an alternative day.

In an effort to eliminate and decrease unnecessary expenditures and to contain our fees, we have implemented a No Show/Cancellation Policy for all of our patients, medical, surgical and cosmetic. Please be advised that in the event of a no-show or same day cancellation, you will be charged a $100.00 fee that must be paid prior to making additional appointments. For patients who repeatedly no-show of fail to cancel appointments, there will be a charge for each missed appointment and same-day cancellation. Upon your third no-show or same day cancellation, we unfortunately reserve the right to terminate the patient-doctor relationship.

Please be assured that Dr. St. Surin-Lord and the staff at Visage Dermatology and Aesthetic Center strive to run our office as efficiently as possible. It is always our primary mission to provide you with the best care and customer service, and that this policy is in place to help us achieve that goal. Your understanding and cooperation in this matter is greatly appreciated.

Office visits cancelled/rescheduled without sufficient notice (2 working days/48 hour notice) will incur a charge **of $100 for any appointments that are cancelled with less than 48 hour notice**. This charge is not a covered charge and is not paid by your insurance company; therefore **the charge will be billed directly to you**. We will require payment of the late cancellation fee prior to rescheduling another appointment. **If this fee is not paid within 30 days your account will incur an additional $10 late fee and will be forwarded to a collections agency.** Initial ______ Date _______

FINANCIAL POLICY 11/9/2017 CONTINUED

DEDUCTIBLES/CO-PAYMENTS/PRE-CERTIFICATION/ PROCEDURE BILLINGS

Our office will verify your benefits with your insurance plan. Payment of any deductible amounts is your responsibility. We will contact your insurance plan to obtain pre-certification on procedures scheduled by our office. Pre-certification does not guarantee coverage and/or payment. Co-Payments are due at the time of visit. It is your responsibility to know the extent of coverage for services provided by our office. Statements of due balances are sent out monthly. **If any balance is not paid within 30 days, your account will incur an additional $10 late fee and will be forwarded to a collections agency.** Initial ______ Date _______

FORMS

There is a $25 fee for the completion of forms due at the time that forms are presented to the office. This includes, but is not limited to benefits forms, no-shave forms, disability or retirement forms, physical exam forms, insurance forms/letters, legal forms, etc. There is a $25 fee for obtaining your medical records. This fee is due when you submit the medical records request form.

Initial ______ Date _______

I have read, understand and accept the above financial policy of Visage Dermatology and Aesthetic Center, LLC

Patient's name ______________________________ Date ______________________________

It is company policy that we charge your credit card the late cancellation fee of $100 or no show fee of $100 if you fail to cancel your appointment 48 hours prior to your appointment time or if your appointment has been missed. Please list your valid credit card information below, as well as your signature authorizing the charge. We keep all files confidential and assure your personal information will not be shared.

Credit Card Type: MC, Visa, AMEX, Discover (circle one)

Card Number ______________________________________ Expiration Date ____________ CVC Code______

Zip Code __________________________________

I, _____________________________________ hereby authorize Visage Dermatology and Aesthetic Center, LLC to charge my card the fee of $100 in the event I "no show" for a scheduled appointment or I fail to cancel an appointment 24 hours prior, or to pay any fees owed for services.

Signature____ Date_________________