Laborde Dermatology, P.A. Financial Policy and Consent to Use and Disclose Health Information

Welcome and thank you for choosing Laborde Dermatology, P.A. for your medical care.
We are committed to providing you with quality medical care, our professional fees have been determined through careful consideration, and we believe these fees are reasonable and reflect other area physician's charges. We are pleased to discuss with you any questions you may have concerning your bill. Providing quality care is our primary concern.

Regarding Insurance

Indemnity and Private Insurance Policies: Laborde Dermatology, P.A. will file claims directly with your insurance carrier for services where covered benefits have been verified. Insurance verification does not guarantee your insurance will pay for services. Payment of co-insurance, co-pays, deductibles, or fees for non-covered services, when applicable, is required at the time of service.

Contracted Managed Care Plans (HMO, PPO, POS, EPO, etc.): Each time you make an appointment, it is your responsibility to make sure Dr. Laborde is currently under contract with your plan and you have obtained the necessary referrals when needed. Verification of your plan benefits/coverage is required. Often this verification requires us to share the reason for your visit with a managed care plan. Payment of co-insurance, co-pays, deductibles, or fees for non-covered services, when applicable, is required at the time of service.

We allow 45 days from the date a claim was filed by our office for the insurance company to pay. If the insurance carrier has not paid within this time, you are responsible for the entire balance without further notice. We will not become involved with disputes between you and your insurance company regarding deductibles, non-covered services, co-insurance, co-payments, coordination of benefits, pre-existing conditions or "reasonable and customary" charges other than to supply factual information when necessary. You are responsible for the timely payment of your account.

Minors: The parent(s) or guardian(s) of a minor are responsible for providing current insurance information for the minor and/or payment in full for services provided. Unaccompanied minors must have authorization for medical treatment signed by a parent or guardian who is responsible for current insurance information and/or payment in full for services provided.

Method of Payment: For your convenience, Laborde Dermatology, P.A. will be happy to accept cash, Visa, Mastercard, Discover, or American Express for payment of your medical services. We do not accept personal or business checks.

Insurance Assignment and Authorization to Release Information

I hereby authorize Laborde Dermatology, P.A., to furnish information to insurance carriers concerning my illness and treatments and I hereby assign to Laborde Dermatology, P.A. all payments for medical services rendered to myself or my dependent. I understand that I am responsible for all charges regardless of insurance coverage or status of insurance claim(s).

I understand and have been provided with a *Notice of Privacy Policies* that provides a more complete description of information uses and disclosures.

I give permission for Laborde Dermatology, P.A. to contact me by email/mail for promotions or events.

□Yes □ No _____

Authorization for Release of Information

I wish to be contacted in the following manner (check all that apply)

□ Telephone _____ □Written Communication
□OK to leave message with detailed information □OK to mail to home address
□ Leave message with call back number only □OK to mail to work address
□ **I DO** □ **I DO NOT** authorize the release of prescription information or lab results to family members or the following persons:
Name(s):_____

Cancellation and Missed Appointment Policy

□ **I understand I will be charged $35.00 for a missed appointment and for appointments cancelled within 24 hours of scheduled time.**

_____ (Please initial)

I have read and understand the above terms and conditions and will verify so by giving my signature.

_____ _____
Signature **Date**