****

**FINANCIAL POLICY**

Thank you for choosing LARK Dermatology for your care. The following is a statement of our financial policy. We require that you read it and sign it prior to receiving evaluation or treatment from us. Please do not hesitate to ask questions or discuss any concerns.

**Forms of Payment:** We accept cash, VISA, MasterCard, American Express and Discover and HSA cards.

**Credit Card on File:** We require that you place a credit card on file with our office (see our Credit Card on File policy).

**Patients with Insurance**:

As a courtesy, we will bill contracted insurance providers. Your insurance policy is a contract between you and your insurance carrier. Ultimately you are responsible for the full charges of your visit and understanding how your insurance works. For example: Is a referral required for your visit with LARK Dermatology and how much is left to pay on your deductible?

If we have a contract with your insurance carrier, then the maximum financial responsibility (cost of your visit) for you and your insurance carrier combined is determined by our contract with them, and is called the “allowable fee” for the services rendered.

* Patients must provide their insurance card or cards at each appointment. It is the patient's responsibility to update your insurance information if there is a change.
* Copays and coinsurance are due at the time of service.
* Once your insurance carrier processes your claim, the remaining balance will be charged to the card on file per our Credit Card on File policy.
* If a credit card can not be billed, we will require payment at the time of service that equates to 50% of the estimated cost.

If your insurance carrier declines a claim, you will be responsible for any outstanding balances. We are not obligated to wait for you to resolve a dispute with your insurance carrier before seeking payment from you.

**Out of Network Coverage**: If we do not have a contract with your insurance carrier, then the maximum financial responsibility (cost of your visit) is determined by LARK Dermatology prices for the services rendered. Your copayment is due at the time of your visit. We will attempt to bill your insurance carrier for the balance. Your insurance carrier will reimburse at an out-of-network provider rate. It is your responsibility to check for out of networks policy benefits, reimbursements, and plan limitations.  Your remaining balance may be higher than a balance for the same services provided by an in-network provider. We will bill you for the remaining balance as per our Credit Card on File policy.

****

**Medicare Patients**: LARK Dermatology is contracted with Medicare and does take Medicare assignment. In order to bill Medicare, we must keep a copy of your signed Medicare card on file. If you have a Medicare Advantage plan, your copayment is due at the time of your visit.

**Non-covered Services**: Aesthetic services will not be submitted to insurance. Please refer to your policy and plan limitations directly for exclusions and non-covered services. Payment in full is due at the time of your visit.

**Minor Patients**: A parent or legal guardian must accompany minors at the time of the initial visit, and this person becomes the responsible party. Unaccompanied minors at subsequent visits are still expected to make copayments and update patient/insurance information as needed. If parents are separated or divorced, and the parents share financial or insurance responsibility for the minor, then accurate information and signed consents from both parents is required. In event of any disputes, the parent or guardian who accompanied the minor at the initial visit is the responsible party for all balances.

**Missed Appointments/Cancellations:** If you no-show or cancel/reschedule an appointment without 24- hour notice, there will be a $50 fee.

**Unpaid Balances:**  Your credit card on file will be used to satisfy outstanding balances after insurance claims have been processed per our credit card policy. Outstanding balances if not satisfied will be subject to collections.

Please do not hesitate to contact the LARK Billing Team at 1-800-217-0073 or [billing@larkderm.com](mailto:billing@larkderm.com) with any questions or concerns about your statement, or if you wish to pay your balance by phone.

My signature authorizes LARK Dermatology and its agents to:

* Use patient provided phone numbers to contact the patient and/or guardian.
* To release demographic information including cell phone numbers, medical or other information about me to the insurance policy that has been given to LARK Dermatology, its intermediaries, or any carrier information needed for this or related insurance claim, including Medicare.

**I acknowledge that I have read, understand and agree to this Financial Policy.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Printed Name

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date