



Thank you for choosing Shah Dermatology, LLC for your healthcare needs. To help us fulfill our mission to provide personalized and exceptional care to each of our patients, we have developed office collections policies to create a productive relationship between you and our team of providers.

This form¹ outlines our office & financial procedures for patients:

- If you are insured, please provide us with your most current plan information, including any secondary, supplemental, or additional coverage. Please bring your insurance card and photo ID with you to each visit, we are required to confirm your identity when you check-in.
• As a courtesy, our office will verify your insurance network, eligibility, and benefits prior to your scheduled appointment; however, it is ultimately your responsibility to confirm that your coverage is active and in-network and that services provided by our office is covered by your insurance plan.
• If you are not insured, or if we are not in-network with your insurance, payment in full for services provided are due at the time of service.
• Please review your insurance benefits and coverage prior to each visit so that you understand your financial obligations for specialist encounters. Because there is no guarantee of reimbursement or payment from any insurance company or payer, you agree to pay all charges for your treatment not paid by your insurer or any other payer source. Pursuant to our contractual terms with your insurance payer(s), we will collect any applicable copayment, deposit² toward deductible and/or coinsurance, and outstanding balance at each visit, and any remaining charges are due and payable upon receipt of the bill.
• Once your insurance company processes the claim for your visit and determines your financial responsibility based on your benefit coverage ("Patient Responsibility"), your insurance company will send you an explanation of benefits (EoB). Our office will apply any applicable payments and/or deposits toward your financial responsibility. If a balance remains, our office will contact you by sending an initial statement to your mailing address on file.
• Statements and payment information can be accessed through your activated patient payment portal. You will receive an account credit or refund³ for any overages paid at the time of service.
• You may pay your outstanding balance within 25 days of the date on your initial statement ("Statement Date") with your preferred payment method. If you do not pay your balance in full within 25 days of the Statement Date or directly contact our billing department to request alternate payment arrangements.

My signature below indicates that I have read, understand, and will comply with the information contained in this Office Collections Acknowledgement & Authorization.

Signature of Patient (or Legal Representative)

Date

Print Name of Patient

Print Name of Legal Representative (if applicable)

1 This form incorporates by reference our Office Policies and replaces any previously signed Office Collections Acknowledgement & Consent or Authorization forms.
2 Deposit amounts are set forth in our Office Policies and are subject to change as our office deems necessary and appropriate.
3 Any credit balance will first be applied to any outstanding or upcoming balance. If the remaining credit balance is less than \$5.00, our office will mail a refund check ony upon request within 180 days of your date of service.