



FINANCIAL POLICY

We are pleased that you have selected our office to provide your care. As part of that care, we have developed this statement of our financial policy. Please carefully read the following, initial where indicated, and sign below.

Health Insurance Participation

___ Dr. Sarah Mess participates in many, but not all health insurance plans. If we do participate with your health insurance plan, you must present a valid insurance identification card at check-in. Without a valid insurance card, or if we do not participate in your health insurance plan, you may reschedule your appointment or payment for your visit will be due today.

Co-Payments

___ Some insurance plans require payment of Co-pay. Co-payments are due at check-in. Payments can be made by check, cash, MasterCard or VISA. Without a co-payment, you may be rescheduled.

Cosmetic Consultation Fee

___ A \$125.00 Consultation Fee will be collected at time of check-in. The fee will be applied to your cosmetic procedure.

Referrals

___ Some insurance plans require a written referral from a primary care provider. Referrals must be presented at check-in. Having a valid referral is a patient's responsibility. It is your responsibility to know how many visits are allowed on your referral and the expiration date of your referral. Without a valid referral, you may reschedule your appointment or payment for your visit will be due today.

Financial Responsibility

___ Patients are responsible for all co-payments, deductibles, and charges not covered by health insurance.

Account Balances

___ All outstanding balances must be paid at time of check-in, or you must reschedule your appointment. We offer the convenience of having your credit card information securely filed to automatically cover any outstanding balances on your account. Failure to pay outstanding balances may result in the practice forwarding your account to a Collection Agency or Collection Attorney of our choice and may result in additional fees, including an administrative fee of 30%.

Rescheduling/Canceling Appointments

___ Please help us serve you by keeping your scheduled appointments. Should you need to change your appointment, contact our office at least 24 hrs. prior to your originally scheduled visit. Following two consecutively missed appointments, a \$25.00 missed appointment fee will be charged. After three consecutively missed appointments, the scheduling of future appointments would be at the discretion of your physician.

If you are more than thirty (30) minutes late for your appointment, you will be asked to reschedule your appointment.

I have read and understand the office policies explained above.

Patient/Responsible Party Signature and Printed Name

Date