

WEST HILLS DERMATOLOGY GROUP

7320 WOODLAKE AVE, SUITE 340 WEST HILLS, CA 91307
(818) 592-6005 p (818) 592-6088 f www.westhillsdermatology.com

Conditions of Registration and Financial Policy

Name of Patient: _____

Date of Birth: _____

The following are our conditions of registration as well as our policies with respect to the billing and collections of your account. By signing below, you are agreeing to be bound by these terms.

- **BASIC POLICY** Copays, Deductibles, & any outstanding balance are due at the time service is rendered unless prior arrangements have been made by our office.
- **FINANCE CHARGE** balances owed by the patient or responsible party that are over 30 days will accrue a finance charge of 1.5% that will be added to the account for each additional month that the account is past due. This represents an annual percentage rate of eighteen (18%) percent. Accounts over 90 days will be referred to a collection company.
- **FOR PATIENTS WITH MEDICARE** We will bill Medicare on your behalf. As a courtesy, we will also bill secondary insurance carriers on your behalf. You are responsible for all co-insurance payments & annual deductible if not covered.
- **FOR PATIENTS WITH INSURANCE** All co-payments and deductibles are due at the time of service. We will bill insurance carriers on your behalf if we have a current contract with the carrier. We will submit a courtesy claim on your behalf to insurance carriers with which we do not participate. Please be advised that your agreement with your insurance carrier is a private one and that ultimately, you are responsible for payment. If an insurance carrier has not paid a claim within 60 days of billing, our fees are due and payable by you.
- **NONCOVERED SERVICES** Any care not paid for by your existing insurance coverage will require payment in full at the time services are provided or immediately upon notice of insurance claim denial.
- **MISSED APPOINTMENTS** In fairness to other patients and the doctor, we require at least 48 hours' notice to cancel an appointment. You may be charged \$50.00 for each appointment that was missed or not canceled with 48 hour notice. Missing more than two appointments without providing 48 hours' notice is grounds for discharge from the practice. **MOHS cancellation fee is \$300** & requires two (2) week prior notice.
- **COSMETIC APPOINTMENTS** requires at least a min of five (5) working days' notice to cancel an appointment. A deposit of 50% of procedure is required upon scheduling, reimbursed with policy compliance.
- **RETURNED CHECKS** There will be a fee of \$35.00 charged by this office for each check returned to us by your bank.
- **LATE ARRIVAL TIME** we understand emergencies occur we ask that you please inform us if you will be **more than ten (10) min late**. Depending on the procedure(s) in some cases we may need to reschedule due to the time allotted per patient and avoiding potential delays with the schedule. A missed appt fee of \$50 may be assessed to your account if prior notification **was not** given.
- **COLLECTION AGENCY COSTS** In the event that your account is forwarded to a collection agency; you agree to pay finance charges assessed to your account for past due balances, additional fees may be assessed if your balance is forwarded to the collection agency along with attorney fees or court costs. Please speak to our billing department for further information.