

COASTALDERMATOLOGY Financial Policy

OUT OF NETWORK / SELF PAY PATIENTS

We would like to share the following policies with you so that you may understand your responsibilities regarding the charges for services rendered to you by this office. If you have any questions about our fees, financial policy or your financial responsibility please let us know.

- **Out of Network medical insurance patients:** In accordance with the Out of Network Consumer Protection, Transparency, Cost Containment and Accountability Act we are required to disclose that Coastal Dermatology, LLC **IS NOT** in-network for your insurance plan. You will be financially responsible beyond your insurance company's required copay, deductible or coinsurance and any costs in excess of those allowed by your health benefits plan. Please contact your insurance company for further consultation on those costs.
- **Out of Network / Self Pay patients**
We will provide you with:
 - A description of the procedure.
 - A reasonable estimate of the costs related to the procedure & other services involved.
 - This notice for out of network patients to contact your insurance company for further consultation on costs of the procedure if there are further questions.
- **We accept cash, check or credit cards.** Government issued photo ID required if paying by check, money order or credit card. In the event that a personal check is returned uncollected from your bank, your account will be charged a \$25 return fee. If your account is not paid in a timely manner we reserve the right to place accounts with and outside collection agency for your remaining balance. This will incur a collection processing fee of \$35.

Signature of Patient or Responsible Party

Date