

Our Policy Regarding Patient Owed Balances

Dear Patient,

This form and your signature below serves as formal notification of our patient balance policy.

Once we have received payment in full from your primary insurance company (and secondary carrier if you have additional coverage) you will receive a bill for the patient-owed portion of the bill. These balances are usually for unpaid copayments, non-met deductibles, or non-covered services per your particular plan's benefits.

We will bill you once all charges for a particular date of service have been paid by your carrier(s). You may still have claims that are being processed for other dates of service. However, we bill you based on a specific date of service for which insurance payments have been received in full in order to clear the remaining balance for that date of service.

Due to the high volume of un-paid patient balances it is the policy of this office to send only two statements. The statements are sent at 30-day intervals. If no payment is received on your account during the 60-day period, your accounts will be turned over to collections **without additional notice**. We feel that two months is a reasonable amount of time to make payment on your account.

If your account is turned over to a collection agency, you agree to reimburse us the fees, which may be based on a percentage at a maximum of 33% of the debt, and all costs, and expenses, including reasonable attorneys' fees we incur in such collection efforts.

For your convenience, accounts can be paid using your Mastercard, Visa, Discover Card or American Express. You can indicate your credit card information on the statement or call the office to make a payment.

Your signature on this form acknowledges your understanding of this policy.

We thank you for choosing Brookwood Dermatology for your dermatologic care.

Date

Patient or Guardian Name (printed)

Patient or Guardian Signature