

# **Metropolitan Dermatology Financial Policy Statement**

To help our patients understand our billing process, we ask that you read and sign our Financial Policy Statement.

Metropolitan Dermatology will submit claims to insurance companies with which we participate. Depending upon your individual policy, your coverage, your deductible and/or co-payment requirements, you may be billed for the balance.

When Metropolitan Dermatology participates fully with your insurance plan, you are still responsible for paying any co-insurance, deductible, or co-payment(s) as indicated by your carrier, as well as any non-covered services under their contract. Once payment has been made or payment has been denied by an insurance company you will be responsible to pay the balance.

Metropolitan Dermatology now requests to obtain your credit card number at the time you check in. It will be held **securely** until we have been notified what portion of your bill the insurance company will pay. At that time, any **remaining balance** owed by you will be charged to your credit card. At your verbal request, a receipt may be mailed to you.

This will in no way compromise your ability to dispute a charge or question your insurance company's determination of payment. Co-pays due at the time of the visit will, of course, still be due at the time of visit.

Please be aware that Metropolitan Dermatology will not become involved in disputes between you and your insurance carrier regarding covered charges, secondary insurance issues or "usual and customary" charges other than to provide factual information requested by the insurance carrier.

**THANK YOU FOR REVIEWING METROPOLITAN DERMATOLOGY'S FINANCIAL POLICY STATEMENT.**

**I have read and understand the policy described above. I agree to allow Metropolitan Dermatology to charge my credit card for any remaining balance such as: co-insurance and/or deductible.**

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_