Alamance Skin Center
Partnering for exceptional care.

1734 Westbrook Ave. • Burlington, NC 27215

Patient Financial Policy

Welcome to Alamance Skin Center. We want to make your visit productive and enjoyable. We are happy to answer any and all questions regarding insurance plans and payment policies.

Our policy requires payment at the time of service.

If you are a member of a medical Insurance Plan and have chose us as a provider of care, it is your responsibility to:

- Provide us with information relative to your claim, including your insurance card, your identification number, employer, birth date, address, and Social Security number. This information is requested on the Patient Registration form, which we ask that you complete on or before your initial visit.
- Pay your deductible or co-pay at the time of service.
- Pay for services not covered by your insurance plan at the time of service.

Insurance claims for your carriers are filed at no charge to you.

- To assist you with your payment, our office accepts Visa, Mastercard, and Discover.
- Personal checks are accepted with proper identification (driver's license or photo ID). A $35.00 overdraft fee will be added to returned checks.

When your bill is unpaid, a collection agency may be chosen to manage delinquent accounts. If your account is placed with a collection agency, you will be responsible for all cost of collections.

Cancellation Policy for Medical & Cosmetic Appointments:

- We require a 24-hour cancellation notice for a scheduled appointment.
- Patients who fail to show for their scheduled appointment without giving due notice will be charged a **$50.00** fee. This is not payable by your insurance.

Forms for FMLA, Cancer Policy's, Disability Forms & Medical Records:

- There is a $20.00 charge for filling out forms with medical records attached.
- Medical records that are requested by the patient will be charged at $.75 per page. A Medical Records Release form must be filled out for all records requested and need to be picked up in our office. Allow up to 2 weeks for all forms and records.
- Medical records sent directly to another physician will not require a payment.

I have read and fully understand my financial responsibilities under this policy.

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Patient/Guarantor **Date**