ACKNOWLEDGEMENT OF POLICY AND PRACTICE

NOTICE OF PRIVACY PRACTICES AND PATIENT RIGHTS:
I have thoroughly reviewed and been offered a copy of Pure Dermatology's Notice of Privacy Practices and Patient Rights.

FINANCIAL POLICY
Pure Dermatology is committed to providing you with quality care. As a patient of Pure Dermatology, you are financially responsible for all medical services and payment in full for services will be due after your visit. Your clear understanding of our financial policy is important to our professional relationship. Our office will be pleased to discuss our professional fees any time.

INFORMATION REGARDING FILING YOUR CLAIMS
Pure Dermatology only files for BlueCross BlueShield of Montana, Federal BCBS, Allegiance, Cigna ADirect, UnitedHealthcare, and PacificSource. We are happy to provide you with a detailed bill to assist you in the process of submitting to other payors. Please take note that your reimbursement and/or allowed amounts with Out of Network Providers may be less than with In Network Providers. It is important to check your plan. Upon check out, one of our staff members will be happy to answer any questions you might have regarding the process of submitting your insurance claim.

SELF-PAY /NON-COVERED SERVICES/THIRD PARTY CLAIMS/COPAYS
Payment in full will be collected at the time of your office visit.

PATHOLOGY/LABORATORY
Skin biopsies are sent to a laboratory for processing and microscopic evaluation to determine or confirm a proper diagnosis. I authorize and understand that I am responsible for the cost of any testing or lab services performed for me and that billing of such services may be billed independently by another physician or laboratory (Dermatopathology Northwest).

METHODS OF PAYMENT
Our office accepts cash, check (with proper identification), Debit, VISA, Discover, MasterCard, American Express and CareCredit.

- I have read the Financial Policy of Pure Dermatology.
- I understand that I am personally responsible for payment on my account and that it is my responsibility to submit claims to my insurance company on my own behalf, other than BCBS of MT, their BlueShield network, CIGNA ADirect, Federal BCBS, Allegiance, PacificSource, and UnitedHealthcare.
- Reimbursement of claims is not guaranteed and depends on an individual's carrier and plan.
- **I understand that if I should default on payment of my account, I am responsible for all costs of collections, up to 45% of the balance, including attorney and/or court costs which will be added to the balance of my account.**
- **I understand that a low balance on my account of $6.00 or less may be documented as a memo credit to my account, rather than receiving a refund check.**

PURE DERMATOLOGY CANCELLATION POLICY
Medical: Please understand that our appointment times are scheduled to allow for us to take care of each patient's needs. Cancellations must be made between 8am-5pm one full business day before scheduled appointment. **Appointments that are not cancelled, without 24 hours advanced notice, may incur a $75 cancellation fee** unless there is a serious accident or illness. All fees WILL BE DUE prior to scheduling your next appointment. Your Health Plan does not cover these fees. **You** will be responsible.
Cosmetic Patients/Aesthetic Patients: Please be advised that we require ***48-hour*** notice to cancel or reschedule a cosmetic appointment. Our providers have created a time dedicated only to you and have denied other patients this time slot. Should you cancel less than 48 hours before, the non-refundable deposit of $75.00 for cosmetic consultations and any deposit made for CoolSculpting, Ulthera ($300.00), Filler ($100.00) or BBL ($75.00) will be applied toward this missed service. For all other cosmetic appointments, any additional cancellation fees must be paid before we can reschedule.
Late Arrivals: We will do our best to accommodate. Rescheduling will be necessary if our schedule cannot permit the time.
My signature confirms that I have read and understand the Acknowledgement of Policy and Practice for Pure Dermatology. My signature also authorizes Pure Dermatology to charge my account accordingly for any missed/late cancelled appointment. I agree to abide by these policies and agreements and fulfill my responsibility under this agreement.

_____ _____
Patient Signature Date Witness Signature Date

Printed Name: _____

pure.dermatology