



pure.dermatology

where.skin.matters

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, Federal BCBS, Allegiance, Cigna ADirect, UnitedHealthcare, PacificSource, Medicare, BCBS Medicare Advantage, and United Healthcare Medicare Advantage. 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 CLAJSMS/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, UnitedHealthcare and United Healthcare Medicare Advantage.
- 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.

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: _____

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