

Frederick Dermatology Associates Financial Policy

Frederick Dermatology uses a secure web-based credit card payment solution. Your credit card information is stored in a compliant site which meets the Payment Card Industry Data Security Standards (PCI/DSS). Please present a valid credit or debit card.

Your insurance company will be billed charges for today and any future appointments. By signing this form, you agree that any remaining allowed amount (i.e. coinsurance/deductible) that is due as the **patient's responsibility will be charged automatically** to your credit card on file. A receipt will be emailed to you immediately when a transaction is processed. This method of payment eliminates paper statements being generated and mailed to you, a cost savings, and to provide you an easier and more efficient way to resolve the balance on your account.

This in no way will compromise your ability to dispute a charge/payment or question your insurance company's explanation of benefits. If you have any questions, please do not hesitate to ask.

Cosmetic procedures are not reimbursed by health insurance plans and full payment is expected at the time of the procedure.

I authorize Frederick Dermatology Associates, LLC to charge my credit card the outstanding balance on my account. Please indicate which card: Credit Card _____ Debit Card _____

Please circle: Visa MasterCard American Express Discover

Last 4 digits on card: _____ **Expiration Date:** ____/____/____

Patient's Name _____ D.O.B _____

Name on card (please print) _____

City and Zip of Card Holder _____

Email Address _____

Signature _____ Date _____

Cancellation Policy

Frederick Dermatology Associates requires a 24 hour notice when canceling a medical appointment. I understand that I will be liable for a charge of \$40.00 if I fail to give such notice. A 72-hour cancellation notice is required for a cosmetic/surgical/aesthetcian appointment or a \$100.00 fee.