

Frederick Dermatology Associates Financial Policy

Frederick Dermatology Associates uses a secure, web-based credit card payment solution. Your credit or debit card information is securely stored by a payment processor that meets Payment Card Industry Data Security Standards (PCI DSS) requirements. Please present a valid credit or debit card at check-in so that we may securely maintain your payment information on file.

Your insurance company will be billed for today's services 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. The card on file will not be used to collect payment for VA-authorized services or VA copayments, but will be utilized for the collection of late cancellation and no show fees.

Maintaining a credit or debit card on file does not affect your right to dispute a charge, question a payment, or contact your insurance company regarding its Explanation of Benefits (EOB). If you have any questions about our credit card policy or how charges are processed, please do not hesitate to ask. We are happy to assist you.

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/No-Show Policy

Frederick Dermatology Associates requires a 24-hour notice when canceling a medical appointment. I understand that I will be charged \$40.00 if I fail to give such notice or if I am a no-show. A 72-hour cancellation notice is required for a cosmetic/surgical/aesthetician appointment. I understand that I will be charged \$100.00 if I fail to give such notice or if I am a no-show.