

# Financial Policy

Thank you for choosing Sound Dermatology. At this time, we are operating as a fee-for-service (cash-pay) practice while insurance credentialing is in process. We do not bill insurance plans during this phase. Patients are responsible for payment in full at the time services are rendered.

**Payment at Time of Service: Payment in full is due at the time of service. We accept cash, check, Visa, Mastercard, American Express, Discover, HSA, and FSA cards. A \$30 fee will be assessed for returned checks or declined payments.**

**Pricing Transparency: Sound Dermatology maintains a published fee schedule for commonly performed visits and procedures. A copy is available upon request.**

**Fees may include:**

- Office visit charges
- Procedure fees
- Pathology fees
- Medication dispensing (if applicable)

**Fee estimates may be provided prior to treatment; however, final charges may vary depending on clinical findings and medical necessity.**

**Medicare Beneficiaries:** Sound Dermatology is enrolled with Medicare and will submit claims for covered services rendered to Medicare beneficiaries. Medicare patients are responsible for applicable deductibles, coinsurance, and non-covered services in accordance with Medicare guidelines. We do not require Medicare beneficiaries to waive Medicare coverage for covered services.

**Commercial Insurance: For patients with commercial insurance coverage: Sound Dermatology does not submit claims to commercial insurance carriers during this cash-pay phase. Upon request, patients may receive a detailed receipt (superbill) to submit to their insurance carrier for potential out-of-network reimbursement. Reimbursement is not guaranteed and remains the sole responsibility of the patient. Verification of benefits is not a guarantee of payment. When commercial insurance credentialing is complete, updated financial policies will apply.**

**Minors:** Patients under the age of 18 must have consent for treatment from a parent or legal guardian in accordance with applicable law. The parent or legal guardian accompanying the minor, or authorizing treatment, assumes full financial responsibility for all services rendered.

**Pathology Services: Biopsy specimens are submitted for histopathologic examination when medically indicated. Pathology services are performed by an independent dermatopathology laboratory and are billed separately by that laboratory. Patients are financially responsible for pathology charges.**

**Cancellations and No-Shows: We require at least 24 hours' notice to cancel or reschedule an appointment. Appointments canceled with less than 24 hours' notice or missed without notice may be subject to a cancellation fee of \$50.**

**Refund Policy:** Overpayments will be refunded promptly once identified and verified.

Refunds will be issued to the original method of payment whenever possible. Processing times may vary depending on the payment method.

Refunds will not be issued for services already rendered, except in cases of billing error.

**Past Due Accounts: Balances not paid within 30 days of the statement date are considered past due.**

**Accounts not resolved may be:**

- Referred to a third-party collection agency, and/or
- Pursued through lawful collection remedies as permitted by law.

**The patient is responsible for any reasonable costs associated with the collection of unpaid balances, including reasonable attorney's fees if permitted by law.**

## Financial Policy (Cont.)

**CREDIT CARD ON FILE AUTHORIZATION:** Sound Dermatology requires a valid credit or debit card to be securely stored on file. Card information is processed and stored using secure, PCI-compliant payment processing systems. Sound Dermatology does not directly store full credit card numbers.

By signing below, I authorize Sound Dermatology to charge my card on file for:

- Services rendered at the time of visit
- Pathology fees not paid at checkout
- Cancellation or no-show fees
- Outstanding balances not paid within 30 days

I understand that I will receive an itemized receipt for any charges made to my card.

This authorization will remain in effect until revoked in writing. Revocation does not apply to charges already incurred.

Charges may be processed without additional notice when authorized under this agreement.

**Financial Agreement: I acknowledge that Sound Dermatology is operating as a fee-for-service practice for commercial insurance plans at this time. I understand that I am financially responsible for all charges incurred in accordance with this policy.**

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Signature of Patient/Personal Representative

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Date

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Patient Name

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Relationship to Patient