



**FINANCIAL POLICY**

- Payment is required for all services at the time they are rendered (unless you have made prior arrangements) Hubbell Dermatology & Aesthetics, APMC accepts payment in the form of cash, checks, and all major credit cards
- If a check is returned to the office due to insufficient funds, the original check amount plus a \$25 returned check fee
- In the event that a patient’s balance has reached 90 days past due, your account will be turned over to an outside collection agency for further action. The patient may be discharged from the practice as a result of financial non-compliance.
- Please help us better serve you and our other patients by keeping all scheduled appointments. If you must change an appointment, please do so before 48 hours prior to your scheduled appointment time. **The charge is \$50.00 for any missed appointment without receiving a notice from you prior to 48 hours of your appointment.**
- Lab tests and/or Pathology specimens sent to outside laboratories will be billed separately from Hubbell Dermatology & Aesthetics’ charges. The laboratory will bill you and/or your insurance company separately for their charges.

**PATIENTS WITH PRIVATE INSURANCE/MEDICARE**

Hubbell Dermatology & Aesthetics, APMC is pleased to participate in a number of different insurance plans. While we are pleased to be able to participate in these plans, it is impossible for our office staff to be aware of each plan’s specific and frequently changing requirements. It is the patient’s responsibility to inform Hubbell Dermatology & Aesthetics, APMC of specific limitations set forth by their insurance plan(s). It is your responsibility to verify that we are a member of your network before presenting to our office for treatment. It is in your best interest to verify this information directly by calling the customer service number on your insurance card before being seen.

If we participate with a commercial insurance plan under which you are covered, we will bill the carrier for all charges for services rendered. You will be responsible at the time of service for payment of your annual deductible, co-payments, and any non-covered or cosmetic charges. In the event that we are not aware of a charge that is not covered by your plan, you will be billed after we obtain a denial from your insurance carrier.

For those patients who have chosen a medical insurance plan what we do not have a contractual relationship with, we require payment in full at the time of service. You will be responsible to file the charges for your treatment with your insurance company.

We are Medicare participating providers. We will bill Medicare and Medigap (Supplement) carriers. You will be responsible at the time of service for payment of the annual deductible, co-payments, co-insurance (20%) and charges for non-covered or cosmetic services.

**FINANCIAL POLICY FOR COSMETIC PROCEDURES**

The patient is financially responsible for all cosmetic procedures. This office **does not** bill insurance companies for cosmetic procedures and the following policies are required for cosmetic procedures.

- A deposit is required to schedule a cosmetic procedure and the remaining cost of the procedure is required at the time the procedure is performed.
- Payment can be made by cash, cashier’s check, personal check, all major credit cards, Green Sky, or Care Credit Financing.
- I understand that any quote given will be honored for six (6) months from the date of the quote
- **Two business days notice (48 hours) is necessary to cancel a cosmetic appointment otherwise, the deposit is forfeited. (Please note that our office is closed on weekends and holidays!)**

**Your signature below signifies that you understand our financial policy and agree to the terms of your responsibility regarding charges incurred at this office**

PATIENT SIGNATURE OR GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_

PRINT PATIENT NAME \_\_\_\_\_