DERMATOLOGY +
PLASTIC SURGERY
For Your Best Self
ANITA SALUJA, MD | REBECCA NOVO, MD
A FOREFRONT PRACTICE

Patient Communication & Financial Policies

Thank you for choosing our practice. We will work skillfully and synergistically for your best self. The following are internal policies set in place by Forefront Dermatology, S.C and its affiliate practices ("Forefront"). Signature is required before services can be provided. We strongly believe that an informed patient is the foundation of a good professional relationship. Forefront is unable to accept any revisions to this form and any attempted changes shall be null and void.

Patient Communications: In Forefront's discretion, information of a confidential nature may be left on your voicemail or answering machine at the preferred number(s) you have provided to Forefront or with a friend or family member who answers the telephone at one of the preferred numbers or at your residence and who can verify your address and date of birth. Such message may include, without limitation, reminders of upcoming scheduled appointments, information regarding your pathology or laboratory tests, billing information, or answers to medical questions you may have inquired about to our staff. Forefront may also communicate with you via e-mail, text message, or post card to your home address provided such method complies with applicable HIPAA communication standards. Confidential information will be treated in accordance with HIPAA and applicable state law.

Research: I authorize Forefront to contact me regarding any research study in which I may be eligible to participate relating to my care.

Insurance Filing: As a courtesy we will bill your insurance company for charges incurred at our clinic. Please remember your health insurance is a contract between you and your insurance company. Our office will make two attempts to settle any outstanding bill with your insurance company. If your insurance deems a service to be not covered by your insurance plan you agree to be responsible for the balance of this service. Claims not paid by your insurance carrier within 90 days will be considered a non-covered service. We will furnish information required by the insurance company to receive payment. Benefits should be paid directly to the Practice from your insurance company. If your insurance company reimburses you directly for any outstanding amounts due to us, payment will be expected by us within 10 days. I hereby assign to Forefront all my rights and claims for reimbursement under my health insurance policy. I agree to provide information as needed to establish my eligibility for such benefits.

Bad Debt Account Status: I realize that if my account is in bad debt I will be required to pay a **down payment** of $150.00 prior to my scheduled appointment. In the event that this down payment exceeds the visit cost, the overpayment will first be applied towards any outstanding balance or bad debt balance and any remaining balance will be refunded to you. I realize that if my account is sent to collections, Forefront may also elect to dismiss me as a patient from the practice. If I pay off my bad debt account, my account will be returned to good standing status and I will not be required to make a down payment on future visits unless I am placed into collections again in the future. This provision does not apply to patients who currently have Medicaid health insurance coverage or to patients who are currently under bankruptcy or any other insolvency protection.

Financial Responsibility: A $35.00 charge will be added for any non-sufficient funds notice from the bank. I understand and agree that I will be responsible for all legal fees and other costs of collection if my account is turned over to an attorney or agency for collection in which case your visit/s with our office may become a matter of public record. Our clinic does not participate in the Medicaid program. If you have Medicaid, all bills will be your responsibility.

Non-insured Patients: Non-insured patients will be charged a **down payment** prior to seeing a practitioner on the date of service. This is not considered payment in full. The down payments are determined by the individual clinic based on local considerations and will be at least as follows:

- New patient Office Visit: $178
- Established Patient Office Visit: $150
- Excision Visit: $800
- MOHS Visit: $1,000

Final charges will be determined after the practitioner sees the patient and a complete assessment is made. The practitioner may require payment in full for procedural services prior to rendering such a service. As an incentive for timely payment, if the balance is paid in full within two weeks from the date of the statement, 20% will be deducted from your bill for cash/check or 15% for credit card payments. ***This reduction does not apply to Cosmetic procedures and injectables.***

Co-payments, Co-insurance, Deductible, & Cosmetic Procedures: Payment is due on the date of service prior to seeing the practitioner. Deductible amounts may be collected prior to the practitioner completing the service. Payment for a cosmetic procedure is due in full prior to treatment. There are no returns on cosmetic products sold unless such products are defective or, in the opinion of your practitioner, caused an adverse reaction.

Procedure Pricing
I understand that procedure estimates are only provided in writing. Written estimates must be requested prior to the appointment unless otherwise required by law.

Open Payments Database Notice: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at https://openpaymentsdata.cms.gov.

Payment Options
We accept Visa, MasterCard, American Express, Discover, and certain third party patient financing programs, and cash as forms of payment. With select third party patient financing programs, a minimum transaction of $1,000 is required. Gift cards are available for purchase.

Credit Card on File
We will ask you to provide an active credit card to be stored on file to use for payments for treatment, surgery, products, insurance copays/deductibles and unpaid balances. You hereby authorize us to charge your card on file for balances as needed. This authorization will remain in effect until you formally request a change to another credit card on file.

Aesthetic Treatments and Plastic Surgery
Scheduling a surgery will require a deposit. Payment for the balance of the surgery fee is due at the pre-operative exam or two weeks prior to the procedure whichever comes first. If fees are not provided, the surgery may be cancelled. Surgical deposits are refundable up to 30 days prior to surgery.

Fees for aesthetic treatments such as Botox, Juvederm, other injectables, chemical peels, lasers, aesthetician services, and other procedures are priced either on a per treatment basis or as a treatment package and are payable in full at the time of your treatment. Treatments and series of treatments are nonrefundable and multiple promotional offers cannot be combined. A deposit will be collected at the time of scheduling certain procedures due to their nature. Deposits are nonrefundable in the case of same day cancellation or no show.

Pathology
A skin biopsy or skin surgery tissue removal is sent for processing and interpretation to a pathology company. This is a service outside our office and will be billed separately.

Office Cancellation Policy
We require at least 48 hours' notice of cancellation for routine appointments. Failure to cancel your appointment in a timely manner will result in a $100 cancellation fee or $100 no show to the extent permitted by applicable law or by applicable payor contract.

The Practice of Medicine
The practice of medicine and surgery is not an exact science and therefore, reputable practitioners cannot guarantee results. The results of certain procedures may not last as long as expected or meet the degree of your expected improvement. It is important that you understand that all services are non-refundable. Additionally, if complications should develop or surgical revisions are necessary, you may incur additional costs.

X _____ _____ _____ until revoked

Signature of Patient or Legal Representative *Date of Birth* *Date*

_____ *Relationship to Patient*

Updated 7/28/2023