



Bainbridge Skin Surgery
Consultative Dermatology

Financial Policy & Agreement

It is the responsibility of the patients to understand their insurance benefits and provide proof of coverage to the staff of Bainbridge Skin Surgery at the time of scheduling. If your plan requires a referral from your primary care physician please be sure this is done. If you are uncertain we can assist you.

We are prepared to assist you in receiving the full coverage of benefits that your plan provides. In doing so we need your help in providing us details related to co-pays and/or deductible amounts that may not have been met in the calendar year.

Professional surgical and medical care is the financial responsibility of the patient. We bill contracted insurance companies directly as a courtesy for the patient. In instances where a deductible has not been met we ask that patients be prepared to pay that amount on the day of service. This avoids balance billing after the surgical and medical care is completed.

I authorize Bainbridge Skin Surgery & Consultative Dermatology, PLLC to release information to my insurer and its agents as required to process my claims. I authorize the insurance company to pay my provider directly. My signature below affirms that I understand the above policy and do accept that payment for the professional services rendered is my responsibility.

Signature: _____ Date: _____

Printed Name of Patient: _____