

Dear Patient,

Please note policies below. This form and your signature below serves as formal notification of our patient balance-billing policy and in-office prescribing.

## Patient Owed Balances

Once we have received payment in full from your primary insurance (and secondary carrier if you have additional coverage), you will receive a bill for the patient-owed portion of the bill. These balances are usually for unpaid copayments, non-met deductibles, or non-covered services per your particular plan's benefits.

We will bill you once all charges for a particular date of service have been paid by your carrier(s). You may still have claims that are being processed for other dates of service. However, we bill you based on a specific date of service for which insurance payments have been received in full in order to clear the remaining balance for that date of service.

It is the policy of this office to send only two statements. The statements are sent at 30-day intervals. If no payment is received on your account during the 60-day period, your accounts will be turned over to collections without additional notice. We feel that two months is a reasonable amount of time to make payment on your account. For your convenience, accounts can be paid using your credit card. You can indicate your credit card information on the statement or call our office at 727-545-3376.

Your signature on this form acknowledges your understanding of this policy. We thank you for choosing Skin Wellness Center for your dermatologic care.

## New FDA Office Prescribing Service

Skin Wellness Center is both pleased and proud to announce that we have taken a critical step in advancing the QUALITY and AFFORDABILITY of your care! We have partnered with an FDA facility in order to customize the pharmaceutical prescription medications that we prescribe.

THIS ADVANCEMENT ENABLES US TO:

- \* Dispense at the time of your visit
- \* Offer quality medications usually LESS THAN YOUR INSURANCE CO-PAY
- \* Minimize insurance denials of medications

As always, YOU HAVE THE FREEDOM TO CHOOSE! Please tell us if you prefer to receive commercially available medications from a pharmacy.

It is our goal to advance the quality of our care and our service to you! Thank you!

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Date

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Signature of patient