

FINANCIAL AGREEMENT OF OFFICE POLICIES

I the undersigned, consent to the use and disclosure of my protected health information for the treatment, payment, operations, and such other purposes that are permitted under the Federal Health Insurance Portability and Accountability Act without a written authorization.

I accept that I am financially responsible for all services rendered on my behalf by Sanjiv K. Saini, MD/ MD Dermatology and Laser Center. For those insurance plans for which the practice accepts assignments, I accept personal responsibility for all copayments, deductibles, and non-covered services, as dictated by my insurance coverage. This constitutes a formal consent & waiver to obtain medical services in the event my insurance plan requires a referral and I have not obtained one.

I accept financial responsibility for all fees incurred including any collection/attorney fees the practice incurs in collecting payments for which I am responsible. I authorize the entities, or their designed representatives, to charge 40% additional amount that may be incurred in the collection of any unpaid debts. I understand that I am liable for these charges should I become delinquent in my payments to the practice.

When you are scheduled for an appointment we have set aside time to address your questions and concerns. Therefore, it is essential that all patients arrive at their scheduled time. Should you arrive **15 minutes late** for your scheduled appointment time, your appointment will/may need to be rescheduled.

Our office has a cancellation policy. At least 24 hours notice is required when canceling your appointment. A \$50.00 fee will be charged if proper notification is not given.

For surgeries, three (3) business days notice is required when canceling the appointment. A \$100.00 fee will be assessed if proper notification is not given.

Please sign stating that you have read, understand, and accept these policies.

Patient/Legal Guardian Signature _____ Date _____

Patient's Printed Name _____ DOB _____