



### FINANCIAL POLICY

Coastal Dermatology and Surgery Center, P.A. participates with many major health insurances. If we are contracted with your insurance company, we will file claims with them directly. Once your insurance carrier processes the claim, you will receive a patient statement for the unpaid amount deemed patient responsibility by your insurance company. If you have a secondary carrier, we will file the claim for that balance. It is ultimately your responsibility for the full and timely payment of your account. If we are not contracted with your insurance carrier, we will file the claim as a courtesy. If the claim is not processed within thirty (30) days by your insurance company, we will send you a statement for the balance.

Please be prepared to submit your current insurance card at each visit. Additionally, please notify us as soon as possible if any of your contact information should change, including, but not limited to your home address, telephone number, and/or emergency contact information.

Coastal Dermatology & Surgery Center, P.A. will attempt to verify coverage and benefits as a courtesy to estimate your financial responsibility. However, this verification is not a guarantee by your health plan of coverage or payment.

Payment of your estimated patient liability is expected at the time services are rendered. This payment will include known deductibles, co-pays, and co insurance due for this visit. While we may estimate your financial responsibility, it is your insurance company that makes the final determination regarding your eligibility benefits. In the event your care exceeds a plan limitation, you will be responsible for the balance.

Our office staff is always willing and available to discuss billing matters with you. If any questions should arise, please contact us immediately.

**I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT.** I hereby assign to Coastal Dermatology & Surgery Center, P.A. all of my insurance benefits due to me for services rendered to me by the practice and/or its providers. I authorize my insurance company to make payment directly to Coastal Dermatology & Surgery Center, P.A. I understand that I am financially responsible for any remaining balance and that interest at the maximum legal rate in North Carolina or fifteen percent (15%), whichever is higher, will be charged to any balance that has gone unpaid for sixty (60) days or more.

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Printed name of responsible party

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Signature of responsible party

Date

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Signature of Coastal Dermatology & Surgery Center, P.A.

Date