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Patient Responsibility Policy

Welcome and thank you for choosing Conrad Petersen Dermatology as your dermatology care provider. The Doctors and staff at Conrad Petersen Dermatology understand that our primary purpose is to provide you with the highest quality of care. We pledge to do to this, and to do our part in controlling medical costs. We believe that part of a good health care practice is to establish and communicate a financial policy to our patients. Your understanding of our patient responsibility policy is an essential element of your care and treatment. If you have any questions, please discuss them with our Billing Department or Practice Manager. Please read the policy and sign below. A copy will be maintained in your chart and may be provided to you upon request.

Patient Responsible Payments Due at Time of Service:

- Co-pays that are required by your insurance policy are due at the time of service
- If you have no insurance and are self-pay, or if having an elective non-covered service, your balance in full is required at time of service
- If you or any of your family members have an outstanding balance, we may ask for payment of this balance at this time

Charges incurred for services rendered by Conrad Petersen Dermatology are your responsibility, regardless of insurance coverage. Assignment will be accepted for all insurance with which our practice participates. It is your responsibility to provide this office with accurate insurance information, and to notify us of any changes in health insurance coverage. In the event the office is not informed before care is rendered, you will be responsible for any charges that are denied. If you have questions on network status/ participation with your insurance, it is your responsibility to contact your insurance company directly.

Both medical and cosmetic dermatologic services are provided in our office. It is important to understand that these services are billed separately and differently, even if you are seen for both medical and cosmetic reasons at the same appointment. If you are scheduled only for a cosmetic visit but mention a medical concern during your appointment, we will address your concern, as long as the schedule permits us to do so. Please be advised that the cost of a medical visit that is added to your bill during a scheduled cosmetic visit will NOT be included in the cost of your cosmetic visit and will be billed separately. As a courtesy to you, we will file your MEDICAL claims to your insurance company. Amounts not covered by your insurance are your responsibility. Any balances that are not paid after 30 days from the date on the billing statement will be charged to the credit card on file. There is a **\$35.00 fee** for checks returned due to insufficient funds.

No future appointments can be scheduled until no show fees are paid.

Laboratory/Pathology Charges: Depending on your insurance carrier's policy, you may be required to pay a separate co-payment for any specimen taken during your visit.

Collections: Past due accounts are subject to collection proceedings. If your account has a balance past 90 days it will be turned over to our collection agency and you will be responsible for all collection and fees that the practice incurs as a result. We reserve the right to refuse to see any patient that has been placed into collections.

Return Policy: Products that are not tolerated well by the patient or are defective can be returned to the office within 30 days of purchase for a refund or exchange

Credit Card on File- Effective January 2021: Your credit card information is required. This information is encrypted and stored securely online. Any remaining balance owed by you will be charged to your card after two billing statements have been sent to your billing address. You may access your billing statements through the Patient Portal. A copy of charges will be emailed to you. Please note that this will not compromise your ability to dispute a charge or your insurance company's determination of payment. It is your responsibility to inform the front desk attendant which Credit Card you wish to charge any outstanding balances to along with any changes to your Credit Card. Patients who decline to store a Credit Card on file are required to put a deposit of \$150 for general medical appointments and \$250-\$500 for cosmetic and surgical appointments.

I HAVE READ AND UNDERSTAND THE PATIENT RESPONSIBILITY POLICY AND AGREE TO ABIDE BY ITS TERMS

Signature: _____ **Date:** _____