TDA
TREIBER DERMATOLOGY ASSOCIATES
EXCELLENCE IN DERMATOLOGY

FINANCIAL AGREEMENT

We are committed to providing you with the best possible care and are pleased to discuss our professional fees with you at any time. Your understanding of our Financial Policy is important to our professional relationship.

PATIENTS MUST FILL OUT PATIENT INFORMATION FORMS PRIOR TO SEEING THE DOCTOR.
WE WILL REQUEST TO SCAN YOUR INSURANCE CARD(S) FOR YOUR FILE.

- **REFERRALS** – If your plan requires a referral from your primary care physician, it is **YOUR** responsibility to obtain a valid in-plan referral **prior to your appointment** in order to be seen. If you do not have your referral, **you will unfortunately have to reschedule your appointment. We cannot accept referrals after the appointments.** Please help us avoid that inconvenience by assuring that we have your referral before you arrive for your appointment.

- **CO-PAYMENTS** – By law we **MUST** collect your carrier-designated co-pay at the time of service. Please be prepared to pay the co-pay at each visit.

- **OUT OF NETWORK PLANS** – You will be responsible for the full amount due at the time of service. If we do not 'participate' with your plan, we will send a courtesy bill to that carrier on your behalf. Any subsequent insurance payment we receive will be forwarded to you.

- **SELF-PAY PATIENTS** – Payment is expected at the time of service unless other financial arrangements have been made prior to your visit. Please speak with our office manager.

- **MEDICARE** – **(*This does not apply to Dr. Ruth Treiber; there is a separate Medicare Opt-Out waiver)**
  We will submit all claims to Medicare. The patient will be responsible for the deductible and the 20% co-insurance, which can be billed to a secondary insurance if you have one. You will also be responsible for any cosmetic procedures or any services deemed as medically unnecessary.

- **DIVORCED/SEPARATED PARENTS OF MINOR PATIENTS** – The parent who consents to the treatment of a minor child is responsible for payment of services rendered. Treiber Dermatology Associates will not be involved with separation or divorce disputes.

- **CANCEL/NO SHOW** – There is a $75 fee for no show or same day cancellations. If you need to cancel your appointment it must be done 1 business day prior (Friday morning for a Monday appointment) to allow us time to schedule another patient.

- You are responsible for the timely payment of your account balance. Should it become necessary, we will use an outside collection agency to collect payment from you.

- **PRIVATE INSURANCE AUTHORIZATION FOR ASSIGNMENT OF BENEFITS/INFORMATION RELEASE:**
  I, the undersigned, authorize payment of medical benefits to Treiber Dermatology Associates (TDA) for any services provided. I understand I am financially responsible for all amounts not covered by my contract or services not included in my plan (those my insurance carrier may disallow as cosmetic, medically uncovered, or medically unnecessary). I also authorize TDA to release to my insurance company (or their agent) information concerning health care, advice, treatment, or supplies provided to me. This information will be used to evaluate and administer claims of benefits.

Thank you for taking the time to review our policies. Please feel free to share any questions or concerns.

I have read the above financial agreement and agree to the terms outlined.

Patient's Name: _____ DOB: _____

Responsible Party Signature: _____ Date: _____

Print Name: _____ Relationship: Self