

## Central Carolina Skin & Dermatology Financial Policy

Thank you for choosing us as your cosmetic health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy that we require you to read and sign prior to any treatments.

### Department of Health and Human Services Privacy Rule under HIPAA (Health Insurance Portability and Accountability) Compliance Program

We respect, secure, and protect the privacy of our patients' medical records. When appropriate and necessary, we provide only minimum necessary to only those we feel are in need of your health care information and treatment. We support your full access to your personal medical records. We have indirect treatment relationships with laboratories and other health care entities and disclose personal health information for treatment purposes, payment, or health care operations. You may refuse to consent to the use or disclosure of your personal health information in writing. Under this law, we have the right to refuse treatment should you choose not to disclose your personal health information. For any questions, please speak to our HIPAA Compliance Officer.

**Patient Initials:** \_\_\_\_

### Minor Patients

The adult accompanying a minor and the parents (or guardian of the minor) are responsible for full payment for unaccompanied minors, non-emergency treatment will be denied unless charges have been preauthorized with a Visa/MasterCard or payment by cash or check at time of service. **Patient Initials:** \_\_\_\_

### Cancellation Policy

Please call us to cancel your appointment 24 hours in advance. We may charge for the missed visit if we don't have advance notice.

**Patient Initials:** \_\_\_\_

### Skin Products

We sell many different skin care products in our office for profit. We may recommend a certain product for a condition you may have. The products are recommended to you, but are not required, and you may be able to find our products or a comparable product elsewhere. We are happy to discuss alternatives to our products with you. **Patient Initials:** \_\_\_\_

### Product Return Policy

If you had a reaction to the product, our policy allows you 14 days from the purchase date to exchange or return a product. You MUST complete an "adverse reaction form." Please bring your receipt. Please note that prescription compounds cannot be exchanged or returned. **Patient Initials:** \_\_\_\_

### Gratuities (For facials, microdermabrasion, laser, massage therapy, and chemical peels)

If you would like to thank your service provider, you may do so with cash, personal checks, or with your credit card.

**Patient Initials:** \_\_\_\_

### Gift Certificates

Central Carolina Skin and Dermatology Center gift certificates are available for specific services or for any dollar determination. Certificates are nonrefundable and valid for 6 months from the date of purchase, unless otherwise specified. Gift certificates can be redeemed towards services, merchandise, or applied as gratuities. Please remember to place your gift certificate in a safe place. Central Carolina Skin and Dermatology center is not responsible for lost, stolen, damaged, or misplaced certificates.

**Patient Initials:** \_\_\_\_

### Payment

We accept all major credit cards, personal checks, and cash payments. Your charges must be paid in full when services are rendered. I have read the Financial Policy. I understand and agree to this Financial Policy.

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_