



Dr. Ana Benitez-Graham
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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 treatment

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 pre-authorized with a Visa/MasterCard or payment by cash or check at time of service. Patient Initials: ___

Cancellation Policy

In order to accommodate the growing demand for our cosmetic therapist, a credit card reservation is required to hold all Central Carolina Skin and Dermatology Cosmetic appointments. 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

Our policy allows you 14 days from the purchase date to exchange a product you may be dissatisfied with. Please note that most skin care product companies will only accept a return or refund on a product in you had a reaction to the product and complete an "adverse reaction form." Please keep your receipt Please note that prescription compounds cannot be exchanged or returned. Patient initials: ___

Gratuities (For facials, microdermabrasion, laser, and chemical peels)

If you would like to thank your skin care therapist, please have cash or personal checks on hand. We apologize for the inconvenience but Central Carolina Skin and Dermatology Center does not accept gratuities on credit cards. Patient Initials: ___

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 keeping place. Central Carolina Skin and Dermatology center is not responsible for lost, stolen, damages, or misplaced certificates. Patient Initials: ___

Payment

We accept all major credit cards, personal checks, and cash payment 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 _____