

PATIENT OFFICE POLICY

We would like to welcome you to our office! In an effort to minimize problems between patients and our office, we have implemented this Patient Office Policy to help make your visit run smoothly. All patients must have a scheduled appointment. We do not accept walk-in patients. We do have emergency appointments available. When you call our office, please explain the emergency and you will be given an appointment time. The patient understands these appointments may require a wait as the patient will be worked in. The patient will see the first available physician.

As a patient, **I UNDERSTAND and agree** that there are risks and benefits associated with medical and cosmetic treatments. I acknowledge and accept that fees are paid for the performance of the procedure(s) and that no guarantees are made to me concerning the results and outcomes of treatment rendered by the physicians and professional staff of the Practice. I understand that there will be no refunds for cosmetic treatments.

I UNDERSTAND and agree that, (*REGARDLESS OF MY INSURANCE STATUS*), I am ultimately responsible for the balance on my account for any professional services rendered. I will notify you of any changes in my health status or health insurance.

ASSIGNMENT OF BENEFITS: I assign all medical and/or surgical benefits to include private insurance, Medicare, Medigap or supplemental insurance and any other health plans to:

BELLEVUE LASER & COSMETIC CENTER: This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as a valid as the original. I hereby authorize the said assignee to release all information necessary to secure payment.

LATE FOR APPOINTMENT: If a patient is more than 15 minutes late for their appointment, the patient may be asked to reschedule their appointment depending on the day's schedule.

CANCELLED/NO SHOW APPOINTMENTS: All patients must give **24 hours notice of cancellation** of their appointment or there will be a \$75.00 charge billed to the patient. I have been informed and understand that for every surgical procedure that is booked for 30 minutes or longer, I must give a **minimum of 24 hours** advance notice to cancel the appointment. If I notify Bellevue Laser & Cosmetic Center less than 24 hours in advance to cancel my appointment or fail to show up for my appointment, I am aware that I may be charged **50% of the procedure price** for missing the appointment. This fee is at the discretion of the provider.

COSMETIC CONSULTATION POLICY: A cosmetic consultation with a licensed medical esthetician is complimentary. A cosmetic consultation with Dr. Chiu is \$75 which will be taken at the time of scheduling. This \$75 can be used toward any future treatment or product purchase. Any consultation appointments regarding the same issue will be an additional \$75.00 charge.

COSMETIC PROCEDURE CANCELLATION POLICY: I have been informed and understand that for every cosmetic procedure that is booked for 30 minutes or longer, I must give a **minimum of 24 hours** advance notice to cancel the appointment. If I notify Bellevue Laser & Cosmetic Center less than 24 hours in advance to cancel my appointment or fail to show up for my appointment, I am aware that I may be charged **50% of the procedure price** for missing the appointment. This fee is at the discretion of the provider.

For all **CO2 procedures, Precision TX procedures** and any service scheduled for 60 minutes or longer with any provider, I must provide **a minimum of one week advance notice** to cancel the appointment. Otherwise, I may be charged **50% of the procedure price**.

NO SHOW/CANCELLATION POLICY: Once a patient has three no-shows, cancellations or combination, patient's account will be placed on "**ALERT.**" Appointments will only be scheduled as a "**work-in**" on the same day (as our schedule allows).

We require prior permission from the parent or guardian to treat any child under the age of 18 years old. Please make sure you sign the signature sheet to give us permission to treat your child in your absence. We will not be able to see any children without this signature. For established child patients, the parent or guardian is responsible for keeping the insurance information current on file and making sure the patient is able to pay their responsible portion for each visit. Children under 10 years of age must be accompanied by an adult at all times. Please never leave your child unattended at any time. Our office is not equipped to watch your children during your appointment.

We obtain a current driver's license and insurance card (we do not require an insurance card if we are not filing a claim with your insurance) from each patient or guardian for each patient's chart. This information is obtained for verification purposes.

We accept Visa, MasterCard and Discover cards. We also accept CareCredit with a minimum purchase of \$1,500.00. We no longer accept personal checks in the office for payment of cosmetic services/products. There will be a \$35.00 charge for all returned checks.

We make every effort to reach you personally to confirm your appointment: Please be sure to provide us with the best telephone number(s) to reach you regarding appointment reminders and patient care with Bellevue Laser & Cosmetic Center. Please make note that our automated reminder calls are scheduled two (2) days in advance to your appointment time as a courtesy to the patient. Your appointment is considered confirmed at the time it is scheduled.

We require that each patient provide us with photo ID and insurance information each year. All new patients are required to fill out a Signature Sheet and HIPAA form. Please make sure all information is filled in and signed before returning the forms to the receptionist to avoid delays with the visit. Please note, the Signature Sheet for assignment of benefits must be signed by the patient or guarantor (if the patient is under 18 years of age) or we will not be able to bill your insurance for you. The patient understands that they will pay for their visit if this is not signed.

Referrals are ultimately the patient's responsibility. Please call ahead to obtain your referral in advance to avoid delays or having to reschedule your appointment. The patient has the option of leaving two forms of payment (check or credit card) upon check-out if a referral hasn't been obtained. In this event, our office will hold your payment for 48 hours before we will apply the payment. The patient is responsible for making sure we have obtained a referral from their primary care physician (PCP). We do not call PCP offices on behalf of the patient.

We collect payment at the time of service (co-pay and/or deductible and non-covered services). We collect based up the information from your insurance company. Sometimes the information given is incorrect. Patient's final responsibility will be determined after your insurance has processed your claim.

Delinquent accounts will be referred to a collection agency. If it becomes necessary to send an account to a collection agency, the patient agrees to pay for all costs and expenses, including reasonable attorney fees.

The insurance companies and our office require all surgical patients (removal of lesions, biopsies, freezing, cosmetic procedure, etc.) to sign a consent each time the patient has a surgical procedure. If children are under 18 years of age, the parent or guardian must be present to sign the consent form, or surgery will not be performed. We take great pride in the care of each patient in the practice. Please help our office to help you on each visit by understanding our policies and signing the signature sheet. If you do not agree with the policies of our office, our receptionist will be glad to provide you with a list of other dermatologists in the area that may be able to assist you.

Sincerely,
Diane Chiu, MD