

ARIZONA MOHS SURGERY, P.L.L.C. FINANCIAL AND PRIVACY POLICY ACKNOWLEDGEMENT

Thank you for allowing Arizona Mohs Surgery to participate in your care. Our goal is to provide you with excellent care and service. That necessitates that you understand your financial responsibility to us. Therefore, we ask that you read the following Financial Policies, as well as the Notice of Privacy Practices, and Patient Rights and Responsibilities Policy prior to our evaluation and treatment.

You authorize payment of medical benefits to Anir Dhir, MD, and Arizona Mohs Surgery.

Please be sure to bring your current primary and secondary insurance card to every visit, as well as a valid driver's license or Photo ID to help protect you from insurance fraud.

Medicare:

Dr. Dhir and Arizona Mohs Surgery participate with Medicare, and accept assignment. We are happy to file claims with secondary / supplemental carriers as a courtesy. If you do not have secondary insurance coverage, you will be responsible for paying the 20% co-insurance at the time of surgery.

In Network Coverage:

It is your responsibility to verify if Anir Dhir, MD / Arizona Mohs Surgery are contracted with your insurance plan, and to know your coverage eligibility, pre-existing conditions, co-pays, co-insurance, deductibles, referral, and pre-certification requirements. All co-pays, co-insurance, and deductibles are due at check-in prior to surgery. This policy is dictated by your contract with your insurance company. Our office will contact your insurance company to determine the amount, and contact you prior to surgery to discuss this obligation. Please be aware that we will reschedule your appointment if you are not prepared to pay your co-pay, co-insurance, or deductible at the time of service. All other charges will be billed directly to your insurance plan.

Out of Network Coverage:

If Dr. Dhir / Arizona Mohs Surgery is not a participating provider with your insurance plan, the expenses will be your responsibility. As a courtesy, we will fill claims for you. Once we receive the correct payment from your insurer, we will bill you for your responsibility. Outstanding balances are "due and payable" 30 days after the claim is filed.

Patients with No Insurance Coverage:

We will provide you with our best estimate of your total costs prior to surgery. Full payment of this amount is due at check-in prior to surgery. Final costs may be higher or lower than the estimate based on the actual treatment required. Adjustments will be made at checkout. Please be prepared to pay any additional costs at checkout in case your estimate needs to be adjusted.

Cancellation Policy:

There is a \$50 cancellation fee for any surgery appointment not cancelled with at least 48 hours notice.

Returned Checks and Outstanding Balances:

We charge a \$35 service fee for returned checks. Delinquent balances must be paid in full before new appointments can be scheduled and additional services can be provided. Delinquent balances over 60 days old will be referred to an outside collection agency. If this occurs, an additional 35% surcharge will be added to the account. Arizona Mohs Surgery reserves the right to dismiss patients with delinquent accounts.

Outside Laboratory Services:

Occasionally, we will need to send specimens to an outside lab for specialized interpretations and second opinions to ensure the best possible care. If this occurs, you may receive a separate bill from that lab for their services. You will be responsible for paying that separate bill.

Protected Health Information:

I hereby authorize Arizona Mohs Surgery to release medical information to my insurance companies, medical providers, laboratory, pharmacy, and/or outside consultants, if needed, for continuity of care purposes. This information could include HIV status, communicable diseases, drug abuse information, and pathology slides and reports. I authorize the release of my current medications from my pharmacy into my chart.

I consent to receive phone calls, emails and/or text messages at any of the phone numbers/email addresses listed above for such events as results, appointment reminders, and reschedules. I understand I may incur charges from my cell provider and that such calls may be generated by an automated dialing system. I understand that all email messages are sent over the Internet and are not encrypted. As a result, there is

the potential that emails could be accessed by others. I understand I may revoke authorization to receive further calls or messages at any time.

I hereby provide my consent to use photographic images for educational purposes. It is my responsibility to advise Arizona Mohs Surgery in the event that I do not consent to the use of photographic images for educational purposes.

I hereby irrevocably assign all payments for medical services rendered. I understand that I am financially responsible for all charges whether or not covered by insurance. I allow a photocopy of my signature to be used to file insurance.

Thank you for your time and consideration. We welcome any questions regarding these policies.

I have read, understand, and accept this Financial Policy, the Notice of Privacy Practices, and the Patient Rights and Responsibilities Policy.

Patient / Guardian Signature _____ Date _____

Please Print Name _____ DOB _____