COLORADO CENTER for DERMATOLOGY & SKIN SURGERY

OFFICE COLLECTIONS ACKNOWLEDGMENT & AUTHORIZATION

Thank you for choosing Colorado Center for Dermatology & Skin Surgery for your healthcare needs. To help us fulfill our mission to provide personalized and exceptional care to each of our patients, we have developed office collections policies to create a productive relationship between you and our team of providers.

This form[1] outlines our office procedures for patients with active, in-network medical insurance coverage[2]:

- As a courtesy before your appointment, we will complete an insurance verification based on the information you have provided to our office.
- In accordance with our Office Policies, any co-payment, deductible, coinsurance, uninsured/self-payment, and/or any non-covered services obligations are due at the time services are rendered.
- At your appointment, we will collect (i) any applicable co-payment or (ii) a deposit toward any applicable remaining deductible. Such deposit amount[3] will be calculated as follows:
  - Mohs Surgery: $1000 deposit or up to the remaining deductible, whichever is less
  - Excision: $500 deposit or up to the remaining deductible, whichever is less
  - New Patient Office Visit: $90 deposit or up to remaining deductible, whichever is less
  - Established Patient Office Visit: $50 deposit or up to remaining deductible, whichever is less
- Your insurance carrier(s) will process the claim, pay their portion, and transfer any applicable balance to your responsibility per your benefit coverage.
- Our office then will apply any applicable co-payment and/or deposit toward your patient responsibility. If you have an outstanding balance, you will receive a statement and be obligated to remit payment. If you have a credit on your account, you will receive an account credit or refund[4] for any overages paid.
- You may pay your outstanding balance with your preferred method of payment within **25 days** of your initial statement. If you do not pay your balance in full within 25 days, then, pursuant to the credit card authorization below, we will automatically process your outstanding balance and send a receipt to the email on file.

My signature below indicates that I have read, understand, and will comply with the information contained in this Office Collections Acknowledgment & Authorization.

_____ _____

Signature of Patient (or Legal Representative) Date

_____ _____

Print Name of Patient Print Name of Legal Representative (if applicable)

I hereby authorize[5] Colorado Center for Dermatology & Skin Surgery to charge outstanding account balances to the card that is securely stored on file.

Visa Mastercard Other: _____

Account number (Last 4 digits only[6]) _____ Expiration Date _____

Name on card (please print) _____

Signature _____ Date _____

*For Administrative Use Only: Date S.S. (initials):*_____

[1] This form replaces any prior Office Collections Acknowledgment & Consent or Authorization forms that you may have previously signed.
[2] Without active, in-network insurance coverage, you are considered "self-pay" and payment in full is required at the time of service.
[3] Deposit amounts are subject to change from time to time, as our office deems necessary and appropriate.
[4] For any credit balance that is less than $5.00, our office will mail a refund check only upon request within 180 days of your date of service.
[5] This card authorization is valid until revoked in writing and is required for all patients with (i) a commercial insurance plan, including commercial Medicare replacement plans, and (ii) government-issued Medicare without a valid secondary/supplemental policy. This card authorization is optional for patients with (a) government-issued Medicare primary and a valid supplemental/secondary plan or (b) Medicaid. It is your responsibility to notify us of any changes to your account. If your payment is denied for any reason, you may be assessed processing fees.
[6] The authorized card will be swiped, read, or entered directly into our secure credit card processing system.