OHIO SKIN CENTER
DERMATOLOGY • SURGERY • COSMETICS

RISHI K. GANDHI MD
BOARD-CERTIFIED DERMATOLOGIST
DOUBLE-FELLOWSHIP TRAINED MOHS MICROGRAPHIC AND COSMETIC DERMATOLOGIC SURGEON

Agreement of Financial Responsibility

Thank you for choosing OHIO SKIN CENTER as your healthcare provider. We are committed to providing quality care and service to all of our patients. The following is a statement of our financial policy, which we require that you read and agree to prior to any treatment.

- A photo ID is required for all patient visits. We will ask to make a copy of your ID and insurance card for our records. Proof of insurance is required for all patients that are not paying cash time of service. Providing a copy of your insurance card does not confirm that your coverage is effective or that the services rendered will be covered by your insurance company.
- We require all patients to pay their copay at the time of service. This arrangement is part of your contract with your insurance company. We accept cash, check, and credit cards. If a check is returned for any reason, you will be charged a $25 fee in addition to the amount of your check.
- It is your responsibility to know your own insurance benefits, including whether we are a contracted provider with your insurance company, your covered benefits and any exclusions in your insurance policy, and any pre-authorization requirements of your insurance company. Please contact your insurance company with any questions about your benefits and coverage.
- We will attempt to confirm your insurance coverage prior to your treatment. It is your responsibility to provide current and accurate insurance information, including any updates or changes in coverage. Should you fail to provide this information, you will be financially responsible.
- We participate in most insurance plans. If we have a contract with your insurance company, we will bill your insurance company first, and then bill you for any amount determined to be your responsibility, less what was collected at the time of service (copay amount). This process generally takes 45-60 days from the time the claim is received by the insurance company.
- If we do not contract with your insurance company, we will, as a courtesy, file a claim with your insurance carrier. Please understand some insurance coverages have out-of-network benefits that may be subject to deductibles and higher out of pocket responsibility from you. If you receive services that are part of an out-of-network benefit, your portion of financial responsibility may be higher than if you used an in-network provider. Once your insurance processes the claim, we will send you a statement for your balance due. Payment is due upon receipt of the statement.
- Please be aware that some- and perhaps all – of the services you receive may be non-covered or not considered reasonable or necessary by Medicare or other insurers. We will provide you with an estimate of these costs should the issue present itself. We collect payment based on this estimate at the time of visit.
- Patients with an outstanding balance of 60 days or more overdue must make payment arrangements prior to scheduling future appointments. Chronic nonpayment may result in referral of balance to an outside collection agency and termination of physician services- please help us to avoid this.

I have read the financial policies contained above, and my signature below serves as acknowledgement of a clear understanding of my financial responsibility. I understand that if my insurance company denies coverage and/or payment for services provided to me, I assume financial responsibility and will pay such charges in full.

_____ _____
Printed Name (Patient/Parent or Legal Guardian) Date

_____ _____
Signature (Patient/Parent or Legal Guardian) Relationship to Patient