

STANLEY S. ROLAND, D.O., P.C.
The Dermatology and Cosmetic Care Center

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Lapeer, Michigan 48446
810-667-9000

174 South Main
Romeo, Michigan 48065
586-752-4100

PATIENT FINANCIAL POLICY

- In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policy. If you have any questions about the policy, please discuss them with our practice administrator. We are dedicated to providing the best possible care and service to you and regard your complete understanding of your financial responsibilities as an essential element of your care and treatment.
- Your insurance policy is a contract between you and your insurance company; the doctor is not involved.
- It is your responsibility to get all referrals if your insurance requires them. It is between you, your primary care physician and the insurance company. You will be financially responsible if no authorization is received. Your primary care physician is responsible for sending the referral to the insurance company. We have no responsibility in getting the referrals or authorizing treatment.
- As a courtesy, we will file your insurance claims for you if you assign the benefits to the doctor. In other words you agree to have your insurance company pay the doctor directly. If your insurance company does not pay the practice within 90 days, we will have to look to you for payment.
- We have made prior arrangement with many insurers and other health plans to accept an assignment of benefits. We will bill those plans for which we have an agreement and will only require you to pay the authorized co-payment at the time of service. We will collect the co-payment when you are here for your appointment.
- If you have insurance coverage with a plan that we do not have a prior agreement we will also bill that plan, although you may have a higher co-payment or deductible for which you will be responsible.
- All health plans are not the same and do not cover the same services. In the event your health plan determines a service to be "not covered", you will be responsible for the complete charge. Payment is due upon receipt of a statement from our office.
- For all services rendered to minor patients, we will look to the adult accompanying the patient for payment. Whoever brings the patient in and signs the paperwork is financially responsible for payment.
- In order to provide the best possible service and availability to all our patients, please call us as early as possible if you know you will need to reschedule your appointment.
- If a balance remains outstanding for longer than 60 days and no payment arrangements have been made with the billing department, that account will be turned over to a collection agency.
- I have read and understand that financial policy of the practice and I agree to be bound by its terms. I also understand and agree that such terms may be amended from time-to-time by the practice.

Signature Patient or Responsible Party if a Minor

Date

Please Print the Name of the Patient