



WEST SOUND DERMATOLOGY

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Financial Policy

As a courtesy to our patients, West Sound Dermatology will file a claim with your insurance company. However, this is not a guarantee of payment, therefore it is important for you to be aware of your insurance coverage, benefits and limitations. Ultimately, financial responsibility for services rendered rests with the patient or his/her guardian regardless of the nature or extent of the balance remaining after receipt of any insurance payment.

Your signature below authorizes payment of medical benefits to West Sound Dermatology for any services furnished by providers of West Sound Dermatology. You authorize the physician and clinic to release any information to process insurance claims. This authorization is in effect indefinitely until revoked in writing.

For self-pay accounts, a 10% discount will be offered for services paid in full at the time of service. Payment arrangements may be required for future services.

West Sound Dermatology reserves the right to charge patients a no-show fee of \$75 for missed appointments.

Checks returned for non-sufficient funds are subject to a \$25 processing fee.

Medicare Recipient Assignment of Benefits

You hereby request that payment of authorized Medicare benefits for services rendered by West Sound Dermatology on your behalf, shall be made to West Sound Dermatology, and you specifically assign such benefits to West Sound Dermatology. You hereby certify that all information given by you in connection with applying for such benefits is correct and complete in all respects. You understand that payment for certain services not deemed medically necessary by Medicare are not authorized under the Medicare Program and that you may be responsible for these charges.

I have read, understand and agree to the financial policy as stated above.

Name: _____ Date of Birth: _____

Patient Signature: _____ Date: _____

POA/ Patient Guardian Signature: _____ Date: _____

Please attach a copy of legal documents if you are the legal guardian or holder of Power of Attorney or indicate they are on file.

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