

Relationship to Patient

Patient Communication & Financial Policies

Effective: 2/1/2024

the following are internal policies set in place by Forefront Dermatology, S.C. and its affiliated practices ("Forefront"). Signature is required before services can provided. Forefront is unable to accept any revisions to this form and any attempted changes shall be null and vold. attent of the provided of the preferred or with a finand or family member who answers the telephone at one of the preferred numbers or at your residence and the can be revised to the preferred dumber of you have provided to Forefront or with a finand or family member who answers the telephone at one of the preferred numbers or at your residence and to can be revised to the preferred dumber of your bear defrered on the can be revised to the preferred numbers or at your residence and to can be revised to the preferred numbers or at your residence and to can be revised to the preferred numbers or at your residence and to can be revised to the members of the preferred numbers or at your residence and numbers of the preferred numbers or at your residence and numbers of the preferred numbers or at your residence and numbers of the preferred numbers or at your residence and numbers or at your insurance company. The preferred numbers or any outstanding and the preferred numbers or numbers of the preferred and numbers of the preferred numbers or any outstanding numbers or numbers or any outstanding numbers or numbers or numbers of your insurance company. If your insurance company in the preferred numbers or numbers of your insurance n	and affiliated pra	ACTICES
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surrance Filing: As a courtesy we will bill your insurance company for charges incurred at our clinic. Please remember your health insurance is a contract etwewen you and your insurance company. Our office will make two attempts to settle any outstanding bill with your insurance company. If your insurance compans a service to be not covered by your insurance pain you agree to be responsible for the balance of this service. Claims not paid by your insurance can retain a service of this service. This insurance can retain the paint of the practice from your insurance company. If your insurance company to receive payment. Benefits show a payment will be expected by us within 10 days. I hereby assign to Forefront all my rights and claims for reimbursement under my health insurance policy. I gree to provide information as needed to establish my eligibility for such benefits. and Debt Account Status: I realize that if my account is in bad debt I will be required to pay a down payment of \$150.00 prior to my scheduled appointment. In the rent that this down payment exceeds the visit cost, the overpayment will first be applied towards any outstanding balance or bad beth balance and any remaining allower will be expensible that the account, my account will be returned to good standing status and till not be required to make a down payment on future visits unless I am placed into a debt account, my account will be returned to good standing status and till not be required to make a down payment on future visits unless I am placed into discretions again in the future. This provision does not adapt to patients who are currently note bankruptcy or any other insolvency protection. In angual Responsibility: A \$20.00 charge will be added for any non-sufficient funds notice from the bank. I understand and agree that I will be esponsible for all legal fees and other costs of collection if my account is turned over to an attorney or agency for collection in which case your sity with our office may become a matter of public record.	number(s) you have provided to who can verify your address and egarding your pathology or labo communicate with you via e-mai	Forefront or with a friend or family member who answers the telephone at one of the preferred numbers or at your residence and date of birth. Such messages may include, without limitation, reminders of upcoming scheduled appointments, information oratory tests, billing information, or answers to medical questions you may have inquired about to our staff. Forefront may also iil, text message, or post card to your home address provided such method complies with applicable HIPAA communication
etween you and your insurance company. Our office will make two attempts to settle any outstanding bill with your insurance company. If your insurance company are seems a service to be not covered by your insurance pain you agree to be responsible for the balance of this service. Claims not paid by your insurance can extend the patient of the patient of my your insurance patients. We will furnish information required by the insurance company and the patient of the patient of my your insurance company. If your insurance company is your own of the patient of my your insurance patients. It is not patient to the patient of my your insurance patients and patients and the patient of the patient of my your insurance patients. All potters to provide information as needed to establish my eligibility for such benefits. All potters this down payment exceeds the visit cost, the overpayment will first be applied towards any outstanding balance or bad debt balance and any remaining alance will be refunded to you. I realize that if my account is sent to collections, Forefront may also elect to dismiss me as a patient from the practice. If I pay off in added to account, my account will be returned to good standing status and I will not be required to make a down payment on future visits unless a mplaced into place the patients. I pay off in added to account, my account will be returned to good standing status and I will not be required to make a down payment on future visits unless than placed into place the patients. I pay off in added to a pay the provision does not apply to patients who currently have Medicald health insurance coverage or to patients who are currently have the discald health insurance coverage or to patients who are currently have the discald health insurance coverage or to patients who are currently have find at a later time that you did not provide account in a payment of payment payment in the patient who are appreciated when their corount of services and to make a down payment payment in the patient w	esearch: I authorize Forefront	t to contact me regarding any research study in which I may be eligible to participate relating to my care.
went that this down payment exceeds the visit cost, the overpayment will first be applied towards any outstanding balance or bad debt balance and any remaining alance will be refunded to you. I realize that if my account is sent to collections, Forefront may also elect to dismiss me as a patient from the practice. If I pay off read debt account, my account will be returned to good standing status and I will not be required to make a down payment on future visits unless I am placed into allections again in the future. This provision does not apply to patients who currently have Medicaid health insurance coverage or to patients who are currently not debt bank. I understand and agree that I will be esponsible for all legal fees and other costs of collection if my account is turned over to an attorney or agency for collection in which case your sixfy with our office may become a matter of public record. ***Intelligent Strip S	etween you and your insurand eems a service to be not cove vithin 90 days will be considerd e paid directly to the Practice ayment will be expected by us	ce company. Our office will make two attempts to settle any outstanding bill with your insurance company. If your insurance cered by your insurance plan you agree to be responsible for the balance of this service. Claims not paid by your insurance carried a non-covered service. We will furnish information required by the insurance company to receive payment. Benefits should from your insurance company. If your insurance company reimburses you directly for any outstanding amounts due to us, swithin 10 days. I hereby assign to Forefront all my rights and claims for reimbursement under my health insurance policy. I
All patients must answer All patients must answer Alt potients must answer Alt this time I represent and warrant that the patient [Does] or [Does NOT] have Medicaid coverage. Alt this time I represent and warrant that the patient [Does NOT] have Medicaid coverage. Alt this time I represent and warrant that the patient [Does NOT] have Medicaid coverage. Alt this time I represent and warrant that the patient [Circle One - if unmarked, default is a representation that the patient does not have Medicaid currently. If you are completing this form on a system where you cannot circle one, please inform the staff immediately if the patient has Medicaid health insurance coverage) We find at a later time that you did not provide the updated information to our office you are presented in the staff immediately if the patient has Medicaid health insurance or your bill. Not all locations and clinicians participate in Medicaid programs. The patient will be responsible for the full mount of services provided when this circumstance is applicable. On-insured Patients: Non-insured patients will be charged a down payment prior to seeing a clinician on the date of service. This is not considered ayment in full. The down payments are determined by the individual clinic based on local considerations and will be at least as follows: New patient Office Visit: \$178	vent that this down payment ex alance will be refunded to you. ad debt account, my account w ollections again in the future. Th	xceeds the visit cost, the overpayment will first be applied towards any outstanding balance or bad debt balance and any remaining. I realize that if my account is sent to collections, Forefront may also elect to dismiss me as a patient from the practice. If I pay off my will be returned to good standing status and I will not be required to make a down payment on future visits unless I am placed into his provision does not apply to patients who currently have Medicaid health insurance coverage or to patients who are currently
At this time I represent and warrant that the patient (Circle One - If unmarked, default is a representation that the patient answer used in the patient does not have Medicaid currently. If you are completing this form on a system where you cannot circle one, please inform the staff immediately if the patient has Medicaid health insurance overage) we find at a later time that you did not provide accurate information above, you will be responsible for the balance of the charges incurred. It is your sponsiblity to inform our office if you acquire any type of Medicaid coverage at a later time. If you don't provide the updated information to our office you have be responsible for the balance of your bill. Not all locations and clinicians participate in Medicaid programs. The patient will be responsible for the full mount of services provided when this circumstance is applicable. **On-insured Patients**: Non-insured patients will be charged a down payment prior to seeing a clinician on the date of service. This is not considered ayment in full. The down payments are determined by the individual clinic based on local considerations and will be at least as follows: New patient Office Visit: \$178 ** Established Patient Office Visit: \$150 ** Excision Visit: \$800 ** MOHS Visit: \$1,000 mal charges will be determined after the clinician sees the patient and a complete assessment is made. The clinician may require payment in full for all services prior to rendering such a service and/or may require payment in full for all services on the date of the visit. **Depayments**. **On-insurance**. **Deductible**. **Response to the clinician completing the service. **Payment for a cosmetic procedure is due in full prior to treatment. There are no returns on cosmetic product of unless such products are defective or, in the opinion of your clinician, caused an adverse reaction. **Payments** Database Notice**: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians a	esponsible for all legal fees an	nd other costs of collection if my account is turned over to an attorney or agency for collection in which case your
we find at a later time that you did not provide accurate information above, you will be responsible for the balance of the charges incurred. It is your sponsiblity to inform our office if you acquire any type of Medicaid coverage at a later time. If you don't provide the updated information to our office you also be responsible for the balance of your bill. Not all locations and clinicians participate in Medicaid programs. The patient will be responsible for the balance of your bill. Not all locations and clinicians participate in Medicaid programs. The patient will be responsible for the balance of your bill. Not all locations and clinicians participate in Medicaid programs. The patient will be responsible for the full mount of services provided when this circumstance is applicable. **On-insured Patients**: Non-insured patients will be charged a down payment prior to seeing a clinician on the date of service. This is not considered all and charges will be determined by the individual clinic based on local considerations and will be at least as follows: **New patient Office Visit: \$178** **Established Patient Office Visit: \$150** **Excision Visit: \$800** **MOHS Visit: \$1,000** **In all charges will be determined after the clinician sees the patient and a complete assessment is made. The clinician may require payment in full for all services prior to rendering such a service and/or may require payment in full for all services on the date of the visit. **Depayments**. **On-insurance**. **Deductible**. **Responsible**. **Payment for a cosmetic procedure is due in full prior to treatment. There are no returns on cosmetic product of unless such products are defective or, in the opinion of your clinician, caused an adverse reaction. **Payments** **Database** **Notice***: The Open Payments* database is a federal tool used to search payments made by drug and device companies to physicians and toopitals. It can be found at https://openpaymentsdata.cms.gov. **Proc	Nedicaid Affidavit:	
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