# Patient Policies and Office Procedures

# OneSkin Dermatology is a service-centric medical, surgical, and cosmetic dermatology practice with a focus on skin health and wellness. OneSkin Dermatology is **self-pay** only and does not submit claims to any insurance carriers, including Medicare.

# Utilizing Insurance Coverage

* OneSkin Dermatology makes no representation that your claim will be reimbursed partially or in its entirety by your health insurance company.
* Upon request on the date of service, privately insured patients will be provided with a courtesy coded receipt to file a claim with their insurance company.
* All questions regarding your insurance coverage and reimbursement should be directed toward your insurance company or benefits manager.
* Importantly, by law **Medicare** and **Medicaid** patients ***cannot*** submit for reimbursement.
* An administrative fee of **$25** will be charged per visit for work related to submitting prior authorizations (if requested) on a patient’s behalf.

# Appointment Scheduling

* All patients are required to have a credit card on file (CCOF) to reserve an appointment time.
* The CCOF will be the form of payment for late cancellations (<24 hours) or missed appointment fees. You will be notified before any charge is made to the CCOF.

**Appointment Cancellations and No Shows**

* I understand late cancellation or missing an appointment prevents other patients from being seen; failure to give 24-hours’ notice of cancellation or rescheduling for a medical appointment will result in a charge of $100.
* Monday appointments must be cancelled by Friday 1pm to avoid late cancellation fee.
* Failure to provide 48-hours’ notice for a surgical or cosmetic procedure may result in loss of the deposit or treatment in my package.

**Late Arrivals for Appointments**

* I understand OneSkin Dermatology will do its best to accommodate me should I arrive late for an appointment and “arriving late” means I have forfeited my appointment time.
* At OneSkin Dermatology we respect and value the time of **ALL** of our patients and there may be times when these accommodations are not available. You may be asked to reschedule your visit if we are unable to accommodate your late arrival.

**Payment**

* I understand OneSkin Dermatology does not participate with any health insurance plans and **payments in full are** **required** **at the time of service** by cash, credit card, or personal check. Flexible spending account (FSA) or health spending account (HSA) may be used for medical services only in accordance with account regulations.
* I am responsible for any bank fees associated with returned check fees plus a $50.00 administrative processing fee. Any returned check must be paid in full via credit card or cash within 5 days of notice or legal efforts to collect balance will be instituted.

**Cosmetic Deposits**

* We look forward to making your cosmetic procedure a relaxing, comfortable experience. As such we reserve a significant amount of time for our procedure visits. A deposit of $200 may be required for cosmetic procedures with Dr. Day, payable at the time of scheduling.
* Deposits will be applied to the total charges on the day of your treatment. Cancellations/ reschedules with greater than 48-business-hours’ notice will be refunded or applied to the new appointment in full. Changes made with less than 48-business hours’ notice may forfeit the deposit in total.

**Minor Patients**

* I understand as significant information is needed at the initial visit and treatment plans are created, it is essential for a parent/ legal guardian to be present at the initial visit and ***children without legal guardian at their initial visit will be rescheduled***. **Notes from legal guardians with permission to treat is not acceptable.**
* I understand a ***legal guardian*** MUST ACCOMPANY my child under the age of 18 to subsequent appointments where an additional consent will be required.
* I acknowledge that grandparents, older siblings, step-parents etc. are not considered legal guardians without a court document that must be presented at the time of service.
* I understand that unless documents are provided showing otherwise, both parents are assumed to make appointment and treatment decisions for their child. Disagreements on approach to treatment is between the parents to discuss. Payment is due at the time of service regardless of which parent is responsible for medical coverage.
* I understand there may be times when I may allow my adolescent child to be unaccompanied for a follow-up visit and all payments that are due at the time of service will be handled by me either prior to the visit or with the CCOF for my child.

**No Recording Policy**

* OneSkin Dermatology prohibits the use of any recording devices in the waiting area or the exam rooms. Any unauthorized recording or photography may result in dismissal from the practice.

Patient or Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Name of Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_