



PRIVATE CONTRACT

This Agreement is between OneSkin Dermatology LLC ("Practice"), whose principal place of business is OneSkin Dermatology LLC 211 Grant Street Chambersburg, PA 17201 and patient as signed.

I. Introduction

This patient contract is intended to establish the service and compensation arrangement between OneSkin Dermatology and Patients in the following four payment categories:

1. Medicare eligible patients, i.e. those who are eligible beneficiaries of the federal Medicare program;
2. Medicaid patients, i.e. those patients covered by the Pennsylvania Medicaid program administered by the Pennsylvania Department of Human Services;
3. Commercial insurance patients, i.e. patients covered by commercial third party insurance programs such as UPMC Health Plan, Highmark, etc.; and
4. Self-pay patients, i.e. patients who have no coverage of any third party insurance program.

II. Fee Agreement

1. Physician agrees to provide the following medical or cosmetic services to Patient (the Services): a. Medical, surgical and cosmetic dermatology (care of skin--mucosa, hair and/or nails).
2. Patient agrees to pay Physician pursuant to the then current fee schedule, which is posted on OneSkin Dermatology website and available at the office upon request. The fee schedule is subject to change at any time without prior notice.

III. Medicare Patients

1. Although Patient may be an eligible Medicare beneficiary, Practice has informed Patient that Dr. Day (Physician) has opted out of the Medicare program effective Oct 1, 2019 for a period of at least two years. Physician has voluntarily opted out of Medicare participation and has not been excluded in any way.
2. Patient understands that, because Physician has opted out of the Medicare program, Medicare will not pay Practice or reimburse Patient for any service provided hereunder; these services will not be covered services under the federal Medicare program. Furthermore, Medicare will not directly reimburse Patient for any such services, and Patient agrees not to submit a claim to Medicare for reimbursement.
3. Patient has been advised and acknowledges that no Medicare fee limitations or any other restrictions or regulations apply to the charges for the services hereunder.

IV. Medicaid Patients

1. Physician is not a participant in the Pennsylvania Medicaid program.
2. Patient understands that, because Physician has opted out of the Medicaid program, Medicaid will not pay Practice or reimburse Patient for any service provided hereunder; these services will not be covered services under the federal Medicaid program. Furthermore, Medicaid will not directly reimburse Patient for any such services, and Patient agrees not to submit a claim to Medicaid for reimbursement.
3. Patient has been advised and acknowledges that no Medicaid fee limitations or any other restrictions or regulations apply to the charges for the services hereunder.

211 Grant Street, Chambersburg PA, 17201
Office- (717)504-8426 Fax- (717)754-0895
www.OneSkinDerm.com



V. Commercial Insurance

- 1. Physician does not participate in or accept payment from any third party commercial insurance program, and will not submit any claim to such programs or payment on behalf of Patient.
- 2. Physician makes no representation regarding whether Patient may or may not submit any claim for reimbursement to any third party insurance program. Such coverage depends entirely upon the contractual arrangements between Patient and the third party insurance program, and Physician is unaware and will not inquire about or submit claims for such coverage.

VI. Self-Pay Patients

- 1. Patient acknowledges that Patient is not covered by any third party insurance program of any kind and is personally responsible for all such charges.

VII. General Provisions

- 1. Patient understands that Patient has a right, as a Medicare, Medicaid or private insurance beneficiary, to obtain covered items and services from physicians and practitioners who participate with such insurance programs and who have not opted out of Medicare. Patient also acknowledges that Patient is not compelled to enter into a private contract with Physician, but Patient agrees to be responsible to make payment in full for the services at the time services are rendered.
- 2. Patient acknowledges that a copy of this contract has been made available.
- 3. Patient is not currently in an emergency or urgent health care situation and Patient’s ability to enter into this Private Contract is not compromised in any way.

Initial Below

_____ I acknowledge that I have reviewed and understand this agreement

Executed on _____ by: _____

Today’s Date

Patient Signature

Patient Name (Printed)