



Policies and Procedures

OneSkin Dermatology is a service-centric medical, surgical, and cosmetic dermatology practice with a focus on skin health and wellness. Please review the following policies and procedures.

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 can 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 or missed appointments. Patients will be notified by call or text 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 non-refundable charge of \$100.
- Monday appointments must be cancelled by Friday 1pm to avoid late cancellation fee.
- Surgical or *Cosmetic procedures and appointments require a minimum of 48-hours notice of cancellation or rescheduling. Inadequate notice will result in loss of the deposit, consult fee, treatment package pricing and/or non-refundable \$100 charge as stated above.

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.

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.

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Cosmetic Appointments

- We look forward to making your cosmetic appointment a relaxing, comfortable experience. With that in mind, cosmetic procedure appointments require a longer scheduled visit. We do require a 48- hour notice for cancellations/ rescheduling of these appointments. Changes made with less than a 48- business hour notice, may forfeit any deposit, consult fee or special package pricing.
• A Cosmetic consultation is required prior to any cosmetic procedure. A \$100 fee will be taken on the day of scheduling. This will be applied to your initial service/treatment.
• We reserve the right to require a 50% or monetary deposit for cosmetic procedure appointments as these require a longer scheduled visit.

Safety & Privacy

- 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.
• OneSkin Dermatology reserves the right to request that all firearms/weapons, regardless of conceal to carry permits, are prohibited on our premises. Please store in your vehicle or leave at home.
• OneSkin Dermatology is committed to the health and safety of our staff and patients. We will continue to monitor CDC guidelines and the Pennsylvania Department of Health throughout the COVID-19 pandemic.

Initial below

_____ I acknowledge that I have reviewed and understand this consent.

Executed on _____ by: _____

Today's Date

Patient Signature

Patient Name (Printed)