



Financial Policy of Paragon Dermatology

A large print copy is available upon request.

Thank you for choosing Paragon Dermatology for all your skin care needs. We are committed to providing high quality medical care in a friendly and caring environment. Please read the following statements and initial or sign as indicated.

- All copayments, deductibles, service fees, and outstanding balances are due prior to seeing the physician
- Payments for cosmetic procedures or services not covered by insurance, as well as any products purchased in the office are *due at time of service*.
- We do accept Cash, Visa and MasterCard debit/credit cards. We will accept checks from established patients only. For cosmetic procedures we do not accept checks.

Your insurance policy is a contract between *you and your insurance company*, Paragon Dermatology is not a party to that contract. As long as you provide us with correct information, we will bill your primary insurance company for you. In most cases, we will not bill secondary insurances. If you have Medicare and a secondary insurance, in the state of Washington, Medicare will bill your supplemental insurance for you.

Please be aware that your insurance may not pay for some or all of the services provided to you. Your insurance only pays for covered items and services when their own rules are met. The fact that your insurance may not pay for a particular item or service does not mean that you should not receive it. If your insurance company determines that the provided service is not medically necessary, as per their own definition, you will be responsible for the payment for the service received.

Insurance Information Plan : _____ ID# _____
 Subscriber Information: _____ D.O.B. _____ Relationship: _____

We keep a record of the healthcare services we provide to you. You may ask to see and copy that record; 25 cents per page will be charged for paper copy. You may also ask to correct that record. We will not disclose your record to others unless you direct us to do so or the law authorized or compels us to do so. You may see your records or get more information about it by contacting the clinic administrator at Paragon Dermatology.

If you have questions regarding the cost for our services, please ask so we can provide that information to you.

I have read and understand all of the above information.
I assume financial responsibility for all fees related to any services furnished. I agree that I will not withhold or delay payment if Medicare or any of its agents or any other insurance companies deny payment of any charges related to the services provided by Paragon Dermatology.

Signature _____ Date _____

Authorization to Use or Disclose Information

A detailed Notice of Privacy Practices, which describes in more detail how your health information may be used and disclosed, is available for your review.

I request the payment of authorized Medicare or any other insurance company benefits be made on my behalf to Paragon Dermatology for any services furnished by Dr. Agnieszka Niemeyer and the staff of Paragon Dermatology. Regulations pertaining to Medicare assignment of benefits apply as Paragon Dermatology accepts Medicare Part B assignment.

I authorize Paragon Dermatology to release any information necessary to determine benefits and process the insurance claim. This agreement will remain in effect until revoked by me in writing. I permit a copy of this authorization to be used in place of the original. I request payment of medical insurance benefits to the party who accepts assignment. I understand it is mandatory that I notify Paragon Dermatology of any other party who may be responsible for paying for my treatment.

Signature _____ Date _____