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Credit Card on File Policy

As of March 5, 2026, The DERM Center has adopted a Credit Card on File Policy. At the time of registration, we will require a debit, credit, or HSA card to be placed on file. This information will be entered through our card terminal and authorization will be obtained. All card details processed through our terminal are tokenized and maintained on a protected, encrypted, PCI-compliant platform. (Medicare-covered patients are NOT required to have a card on file.)

Co-pays, where applicable, will be charged to the card on file on the date of service. Your claims will be submitted to your insurance company, and any remaining balance becomes patient responsibility. **Patients will be notified via email 10 days before charging the card on file for processed claim balances.** We welcome payments prior to this deadline to avoid charges to the card on file.

Circumstances when your card would be charged include but are not limited to: balances generated by office visits, surgeries, noncovered/denied services, cosmetic services, no show / late cancellation fees, product purchases, or past due balances.

Declined payments will result in declined payment fees that will be applied to your account and must be paid prior to scheduling future appointments. Balances remaining unpaid after 3 statements will be sent to an outside collection agency. (Please see Financial Policy for fee details.)

If you disagree with the patient responsibility balance owed, it is your responsibility to contact your insurance carrier immediately because we will charge your credit card for the amounts the insurance company notifies us as the responsibility of the patient.

Patients may alternatively pay in full for services at a self-pay rate. We are happy to submit the claim to insurance and reimburse and/or send you a statement if there is a remaining balance.

By signing this policy, you authorize The DERM Center to charge the payment method on file for any balances generated during my care.

Patient Name: _____ Signature: _____

Today's Date: _____

CREDIT CARD ON FILE POLICY

FAQs:

Q: What is card on file?

A: The ability to automatically collect balances after your insurance company has processed claims, as well as product purchases, cosmetic services, etc.

Q: I have never had to do this before at any other doctor's office.

A: More and more doctor's offices are starting to use credit card on file policies. It is not uncommon in many medical practices, pharmacies and labs to require a credit card on file.

Q: I do not have a credit card and/or I always pay cash.

A: You are welcome to leave a debit or HSA card on file instead. If you do not have those either, you may also be seen as self-pay. Self-pay patients will pay at the time of service for all services rendered. We will then send your claim for processing and reimburse you for any credits that may remain.

Q: I do not like to give out my email.

A: Your email will ONLY be used to send you notifications and receipts concerning your card on file. We will not give it to anyone else, and we will not use it to contact you in any other way.

Q: What if I disagree with a charge?

A: We will send you an email 10 days before the charge is due to take place. If you feel that the charge is incorrect, we can hold it while you sort the situation out with your insurance company. The amount you owe is determined by your insurance company, not by our practice.

Q: What about privacy and access to my card information?

A: All card details processed through our terminal are tokenized and maintained on a protected, encrypted, PCI-compliant platform. The only thing visible within your patient chart is the last 4 digits of the card number.

"When will my card be charged?"

The card on file will be charged on the date of service for your copay AND 10 days after your insurance processes your claim and it is applied to your account.

"Is this required to be a patient here?"

Yes. This is our policy, and it is a growing trend in the healthcare industry. Nothing is changing about how much you pay. When you come to our office and receive a service, you do so with the understanding that you are ultimately responsible for the cost of your care. With the changing environment in healthcare, in particular with high-deductible health plans, more responsibility of payment falls on the patient. We need to be sure that patient balances are paid in a timely manner. To do this, we need to ensure we have a guarantee of payment on file in our office.

Financial Policy

CARD ON FILE POLICY
The DERM Center implements a new policy where most patients are required to have a payment method registered in advance, referred to as "Card on File" and is designed to streamline billing processes and ensure prompt payment for services. (Not required for Medicare covered patients.)

We assure our patients that all payment card information is tokenized and maintained on a protected, encrypted, PCI-compliant platform.

Co-pays, where applicable, will continue to be collected at each visit. We will process all insurance claims as usual, and if there is a patient balance, **you will receive an email notifying you that the balance will be charged to the card on file within 10 days.** We welcome payments in full before that 10th day to avoid charging the card on file.

Declined/expired cards will accrue fees for failed transactions.

UNINSURED/CASH PAY PATIENTS ($179.00 + treatment fees)
Services must be paid **in full** on the day of service.

- A down payment of **$179** is collected at check-in with the card you wish to place on file.
- Additional fees for diagnosis/treatment will be discussed before services are rendered and collected at checkout.

COSMETIC SERVICES
Deposits AND a credit card on file are required for ALL cosmetic services.
Microneedling/Chemical Peels: Treatment/package must be purchased prior to scheduling.
Cosmetic filler: 50% deposit prior to scheduling + credit card on file.
Cosmetic Botox: $75 deposit + credit card on file.

SURGERIES / PROCEDURES
For patients who have not met their annual deductible, **a down payment may be required prior to scheduling any surgery or procedure**.

- This payment will be applied toward your deductible, copay, and coinsurance.
- If your insurance processes the claim and you have a credit balance, a refund will be issued promptly.
- Any remaining balance after insurance processing will be billed to you.

PAST DUE BALANCES
Must be paid in full prior to scheduling future appointments and are subject to collections fees if the account becomes outstanding.

INSURANCE
We participate with most major insurance companies. However, most insurance companies have more than one plan for individual participants that contain varying coverage benefits. Your plan may be considered either in-network or out-of-network**. IT IS THE RESPONSIBILITY OF THE PATIENT TO VERIFY WE ARE IN NETWORK with their individual plan.**

Your insurance is a contract between your insurance company and you. It is your responsibility to know and understand the terms, guidelines, and limitations of your plan. Deductibles, coinsurance, and copays are the responsibility of the policy holder at the time of service. It is also your responsibility to advise us of any changes in your insurance. If we are contracted with your insurance company, we will submit your claim for processing. Should they deny your claim or deem a service "not a benefit" or a "non-covered service" you will be responsible for the balance.
>>>>>>>>>>>>> **We currently do NOT accept Medicaid plans*. <<<<<<<<<<<<<<<<

REFERRALS/AUTHORIZATIONS
It is the responsibility of the patient to ensure we have any required referrals or pre-certifications **prior** to your visit. If we do not, you will be responsible for payment or will need to reschedule your appointment.

BILLING GUIDELINES
At the time of registration, we will request your credit card information. Co-pays, where applicable, will continue to be collected at each visit, from the card you choose to keep on file. We will process all insurance claims as usual, and if there is a patient balance, **you will receive an email notifying you that the balance will be charged to the card on file within 10 days.** We welcome payments in full before that 10th day to avoid charging the card on file.

COLLECTIONS
Accounts are considered outstanding after three (3) statements have been mailed and/or uploaded to the patient portal and may be sent to an outside collection agency at the patient's expense. In addition to outstanding balances and interest fees, the patient or patient's representative will be responsible for all collection fees, attorney fees, and court costs associated with collection activity.

LABORATORY SERVICES (PATHOLOGY / LABS / SPECIMENS)
Some services, such as biopsies, procedures requiring the removal of a specimen, and bloodwork, require specimens to be sent to a laboratory for processing. You will receive a separate bill from this laboratory. **If your insurance requires the use of a specific lab, this must be clearly**

communicated to our staff prior to services being provided. Because these charges are separate and generated outside of our practice, any questions about laboratory billing must be directed to the resulting agency on your bill.
*****YOU WILL RECEIVE A SEPARATE BILL FOR BLOODWORK AND / OR PATHOLOGY FROM THE RESULTING AGENCY*****

MISSED APPOINTMENT/LATE CANCELLATION FEES
We respectfully request that you provide notice if you are unable to make your appointment. We understand that unforeseen events may result in the need to cancel your appointment at the last minute. However, no show or cancellation of an office visit ($25) or surgery ($75) within **24 hours** of the appointment will result in a non-refundable fee that must be paid prior to rescheduling. A $75 fee will be applied to all cosmetic appointments resulting in a no show or late cancellation within **48 hours** of the appointment.

BY SIGNING THIS AGREEMENT
I hereby assign all applicable health insurance benefits and all rights and obligations that I and my dependents have under my health plan to The DERM Center and The DERM Center's representatives (hereinafter, "My Authorized Representatives") and I appoint them as my authorized representative with the power to: (1) File medical claims, appeals, and grievances with the health plan and (2) Discuss/divulge any of my personal health information or that of my dependents with any third party including the health plan. I certify that the health insurance information that I provided is accurate as of the date set forth below and that it is my responsibility to update the practice of any changes. I hereby authorize My Authorized Representatives to: (1) release information necessary to my health plan (or its administrator) regarding my diagnosis and treatments; (2) process insurance claims generated in the course of treatment.

NOTE:
The patient or the patient's representative who signs below agrees and acknowledges to pay in full, at time of receipt, any balance that becomes "Patient Responsibility." This balance may include remaining amounts from processed claims, denied or non-covered services, fees applied by the medical practice (as noted within this policy), as well as any collection agency, attorney, and/or court fees should the patient account become outstanding.

I understand that refusal to sign this form will result in my appointment being canceled or rescheduled.

_____ _____
(Patient Signature) (Date)