

Scott Darling D.O., P.C.
Skin, Vein & Skin Surgery Center

To Our Patients,

FINANCIAL PARTNERSHIP

All contracted insurance is billed directly to your insurance company as a courtesy of Skin & Vein Center of Kansas City. Any remaining balances for non-covered benefits deductibles, co-pays and coinsurances are your responsibility. These may be collected prior to any potential procedure. It may take up to three months or longer for your insurance to process your claim. Therefore, the charge to your credit/debit card may be delayed and all sales are final. We require a copy of a valid credit or debit card to be kept on file. You will not receive a bill but will receive an EOB (Explanation of Benefits) from your insurance company explaining costs incurred. Monies due based on your EOB, will be charged to the card on file upon our receipt of the EOB.

PLEASE INITIAL ACKNOWLEDGING THE ABOVE STATEMENT: _____

- We accept cash, check, Visa, Master Card, Discover, American Express, Money Order, and Care Credit.
- There is a \$30 fee for all returned checks.
- Out of respect for all patients waiting to see Dr Darling, there will be a \$75 fee for no showing to appointments, or canceling within 24 hours of appointment.
- All accounts that become past due 45 days after your insurance pays, we reserve the right to send your account to a collection agency if the balance is not paid in full within 60 days.
- For all skin lesion removals (i.e. cosmetic or medical), a skin specimen is sent to the pathology lab for testing and to confirm clinical diagnosis. There may be additional charge by the lab, unrelated to any fee paid directly to Skin & Vein Center of Kansas City.
- A copy of this form will be available at your request.
- I authorize the release of medical information to my primary care or referring physicians, to consultants if needed and as necessary to process insurance claims, insurance applications and prescriptions. I also authorize payment of medical benefits to the physician.
- I hereby acknowledge that I have read, understand and agree with the policies set forth by Skin & Vein Center of Kansas City, and any change made by me will be made only in writing. I give my authorization for the charge of my valid debit/credit card and my consent for procedures as outlined above.

I have had the opportunity to review the Notice of Privacy Practices and Consent above for Skin & Vein Center of Kansas City. I consent to the medical/cosmetic care and financial agreements above.

Signature _____ Date _____

Witness _____ Date _____