



SUNFLOWER

dermatology & day spa

FINANCIAL POLICY

- Fees are due at the time of service including all **co-pays and deductibles**.
- Any service deemed a non-covered benefit by the physician or insurance company will be the patients responsibility.
- A minor's guardian will be responsible for his/her bill.
- Sunflower Dermatology and Day Spa reserves the right to send any past due balances to a collection agency if not paid in full. The balance of the bill plus the collection agencies fee will be the patient/ guardian responsibility.

CREDIT CARD AUTHORIZATION

- Our billing policy **requires** a copy of a valid credit or debit card (Visa, Discover, American Express, Master Card) for billing any balance due after insurance pays.

CANCELLATION POLICY

- **Out of respect for all patients waiting to see the doctor**, Sunflower Dermatology and Day Spa has a 24 hour cancellation policy. **There will be \$50 charge** for patients who "no show."

CONSENT TO MEDICAL/COSMETIC CARE

- I, _____ consent to the procedures standard to the care of dermatology. These procedures include, but are not limited to cryosurgery, shave and punch biopsies, and cosmetic and medically necessary procedures. I will be informed of potential risks/side effects **PRIOR** to the procedure.

I hereby acknowledge that I have read, understand and agree with the policies set forth by Sunflower Dermatology and Day Spa LLC and any change by me will be made only in writing. I give authorization for the charge of my valid credit card and my consent for procedures as outlined above.

Date _____

Parent/Guardian name

Printed Patient Name

Signature
