



PATIENT FINANCIAL OBLIGATION CONFIRMATION AND AUTHORIZATION

Dear Patient:

We value you as a patient and appreciate that you have entrusted us with your health care needs. Our office will be pleased to work with your health benefit plan for pre-certification. All patients, however, are responsible for presenting referrals at the time of their visit.

As you know, there are charges for each of the medical care services that we will provide to you. The co-payments, deductibles, and co-insurance amounts that we are obligated to collect from you are determined by the type and extent of health benefit coverage that your health benefit plan provides. Please be aware that your health benefits, including your responsibility for co-payments, deductibles, and co-insurance, are decisions made by your employer or your health plan – not this office. (For your information, all information regarding charges related to a visit will appear on the explanation of benefits (EOB) that you will receive from the insurance company after being seen by the doctor.) Please also be aware that your health plan does not guarantee the accuracy of its confirmation of coverage or benefits.

Since you are ultimately responsible for payment of the medical services provided to you, it is our policy to obtain your credit card number and authorization to process a claim for payment should your health plan not honor the claim we submit for the services provided to you.

In providing credit card information below, you authorize payment by credit card for services in the absence of coverage by your health benefit plan (Including, but not limited to, co-payments, co-insurance, deductibles, no-show fees for both medical and/or aesthetic services, and/or uncovered services). Without this authorization from you, the doctor and/or aesthetician will be unable to see you.

We appreciate you for your understanding and cooperation.

Patient name _____

Name on Credit Card _____

Card Type (Visa) (MasterCard) (American Express) (Discover)

Card Number _____

Expiration Date _____

Signature _____

Today's Date _____