



Financial / Privacy Consent

HIPAA/Privacy Statement:

The staff at Laser and Skin Surgery Center of Indiana (LASSI) considers all patient information confidential. By signing below you acknowledge a copy of the office's HIPAA policy is available upon request, as well as authorize, obtain or disclosure of protected health and prescription information to provide, coordinate, or manage your healthcare and any related services. I authorize LASSI may mail or phone my home or other designated location any items that assist us in carrying out treatment, payment and healthcare operations (TPO), such as appointment reminder calls and patient statements.

Financial Agreement:

LASSI will file all insurance claims as required, this includes "out of network" plans if out of network benefits exist. I understand that it is my responsibility as the patient/guardian to know the details of my particular insurance plan and obtain any referrals, authorizations, or pre-certifications that may be needed for the services provided by LASSI. I hereby authorize, request, and assign payment directly to LASSI covering this period of treatment and related past and future treatment, by all insurance carriers with whom I have coverage or from whom benefits are, or may become, payable to me. I understand that I am responsible for co-payments and payment for cosmetic services on the date of service. For dates of service on or after 11/1/2015 co-payments, deductibles, as well as co-insurance, and/or non-covered charges will need to be paid prior to, or no later than the date of service for surgical/laser treatments. The amount collected may not satisfy the entire balance your insurance company deems your responsibility, therefore any remaining balance will be billed to you and prompt payment expected upon receipt of statement from LASSI. We allow 60 days from your first billing statement to pay your balance in full. Any outstanding balance after the 60 days may be reviewed for collections. Any account sent to collections will be assessed an additional 35% collection fee. Please see a member of Billing with questions.

Failed and Canceled Appointment Policy/Returned Check Fee:

Failure to provide at least 24 hours' notice for cancellation will result in a fee up to \$50. LASSI will charge \$30 for returned checks and/or applicable fees for credit/debit card charge backs.

I understand that LASSI does not bill my insurance for cosmetic procedures; payment is required on the day of service, or at times it may be requested in advance. I understand that some procedures may be considered to be cosmetic by my insurance carrier and that I am ultimately responsible for payment to LASSI. In consideration of the services delivered by LASSI and the employees of LASSI, the undersigned guarantees payment of the account, and agrees to pay the same upon discharge if such account is not paid by a private or governmental insurance carrier. I understand that if payment from my insurance company is not received within 60 days of filing, I will be responsible for payment. If the amounts due to LASSI for services rendered become delinquent and the debt is referred to an attorney and/or third party for collection, it is understood and agreed that LASSI shall recover all costs and expenses incurred in the collection of any such delinquent amount.