**Brookline Dermatology Associates**

**Credit Card Policy/ Missed Appointment Policy**

It is the policy of this office to obtain from you today a valid credit card number to be charged in the event of an unpaid balance on your account. You can be assured that your credit card information will be held securely, and only utilized for non-covered services, unmet deductibles, co-payments, and missed appointment fees. Before we bill your credit card, we will mail one bill to your address allowing you the opportunity to question or dispute the charge, and to pay conventionally through the mail. Please continue to pay all bills conventionally as you normally would. Your credit card will only be charged if there is no response to our bill.

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of this office to charge a cancellation fee if an appointment is not canceled or rescheduled with 24 hours unless there is acceptable documentation of an emergency. (Cancellations for Monday must occur by Friday morning). The fees are:

Regular Appointment Fee- $75.00

Cosmetic or Surgical Appointment or Patch Testing Fee- $100.00

Mohs Surgical Appointment Fee- $150.00

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I acknowledge that I have reviewed a copy of Brookline Dermatology associates, P.C’s Notice of Privacy Practices. This notice describes how Brookline Dermatology Associates, P.C. may use and disclose my protected health information, and rights I may have regarding my protected health information.

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_