

## Financial Policies

The Pimple Place does not participate in any insurance programs and cannot bill your insurance. You are consenting to pay directly for our services at the time of your visit. You may request a copy of your super bill in order to submit it to your insurance company; however, The Pimple Place is not responsible for claims that are not covered.

**Forms of Payment:** For your convenience, we accept cash, MasterCard, Visa, American Express, Discover and Debit Cards ONLY. No checks are accepted in the office. In the event that a check is accepted and returned to us from the bank for any reason whatsoever, a \$45.00 return fee will be added to your statement.

**Credit Card Authorization:** You hereby authorize The Pimple Place to obtain and store your credit card information for payment of patient statement balances. You have a right to request that we call you before we process this charge. A receipt will be included with your statement and the statement will be marked as PAID IN FULL.

**Identity Theft:** Our system is secured. In the event that there is a breach of our electronic medical records or financial records, you will be notified and a full investigation will be performed. We value your personal information and will take use the highest and full extent of the law to persecute anyone who is involved in accessing, disseminating, or using stored personal information. Identity theft or personal information breeches will be recognized by either the patient's reporting financial institution or insurance inquiry, or by our routine auditing of our system security. Any breach will be recognized and login information will be analyzed. We will contact the appropriate authorities and report any infraction. In addition, if the breach is electronic, we will shut down our system for a period of time to reinsure its safety and perform diagnostic testing. All persons involved will be prosecuted. The Pimple Place will not be financially liable for breaches of personal information.

Thank you for thoroughly reading and understanding our Financial Policy. Your signature below indicates that you have read, understand and agree to this financial policy.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_