



Patient Election: Self-Pay Status at Island Dermatology

You have requested that your or your dependent's medical visits at Island Dermatology be coded as "self-pay" services. By signing this form, you are acknowledging that you understand that Island Dermatology will not be billing any insurance carrier for services provided, and that you subject to the self-pay policies and guidelines as listed below.

Please be aware that:

- Self-pay services must be paid in full on the date of service.
- The flat rate for office visits does not include testing or procedures beyond your exam. You will be charged supplemental fees for any additional services including but not limited to biopsies, blood draws, or injections.
- The self-pay fee covers only the professional services provided by the Island Dermatology provider. You are financially responsible for all ancillary services including but not limited to laboratory or pathology testing, and will need to contact these external service providers directly for payment, pricing, or other queries.
- Self-pay rates at Island Dermatology follow Medicare standards and are subject to change or increase. Rates will be updated annually to reflect industry pricing.
- If more than three years passes between office visits, you or your dependent will be treated as a new patient upon your return. A higher initial office visit fee will be charged for this visit to reestablish you as a patient.
- If you have health insurance that you are electing not to bill for services, you will likely not be reimbursed by your carrier nor be able to apply these payments toward your deductible.
- Island Dermatology will not submit billing to your insurance carrier for previously completed self-pay visits if you choose to revoke your self-pay status at a later date.

Please select which of the below applies to you or your dependent:

I do not have health insurance or my insurance company is not contracted with Island Dermatology.

I am covered by a contracted insurance company, but I do not wish Island Dermatology to submit a claim to my carrier. Instead, I elect to pay for all services out of pocket.

I freely choose to self-pay for medical services at Island Dermatology and understand the associated clinic policies. I understand that if I wish to revoke this election and resume billing a contracted insurance carrier, I can do so by submitting the Island Dermatology revocation form.

Patient Name: _____ **Date:** _____

Patient/Guardian Signature: _____